NORTH AMERICAN ARCHIVES

OF

MEDICAL AND SURGICAL SCIENCE.

VOL. I.] FEBRUARY, 1835. [No. 5.

ARTICLE I. *Anatomical Structure of a Bifurcated Umbilical Chord, in a Case of Twins.* By WM. S. REYNOLDS, M.D. of Barnwell, South Carolina.

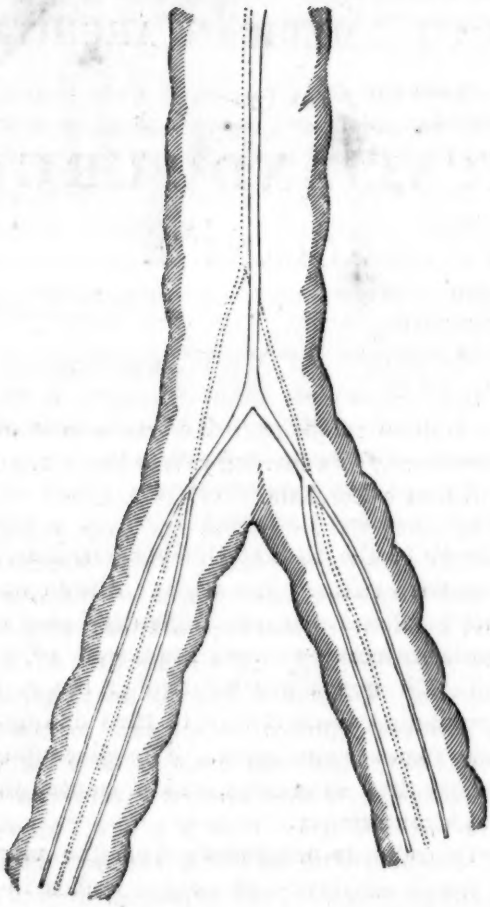
ON the morning of the 13th of October last, Mrs. R—— was taken in labour with twins. One of the children was delivered by the midwife in attendance, and difficulty being experienced with the second, my services were requested. Upon examining, I found that it was a presentation of the right arm and shoulder; I proceeded immediately to turn and deliver by the feet, which was soon accomplished. The placenta, (there was but one,) was expelled soon after, and presented the following rather unusual circumstance.

Instead of two chords originating from the placenta, there was but one, which continued about five inches in length, and then branched off into two, each branch going to one of the children.

I wished to ascertain whether the chord arising from the placenta was merely a union of the fleshy portions of two chords, or whether there was an anatomical difference in the branches and this main trunk.

I first cut across the main trunk close to the placenta, and found that there was but one artery and one vein. The artery was considerably larger than the vein. I next examined each of the branches where they had been separated near the umbilici of the children. They had each two arteries and one vein.

I then dissected the arteries and veins at the bifurcation, and the following diagram will give their location and distribution.



It will be seen that the vein branches off considerably higher up than the artery. The artery and vein in the main trunk are placed close to each other, and run along its middle. The vessels in the branches stand in relation to each other as the points of an isosceles triangle, the arteries occupying the points at the base, and the vein the point at the apex, the latter being equidistant from each of the former.

The points at which the arteries and veins branch, are located in the diagram at precisely the same distance as in the original injected preparation, from which I took the drawing.

☞The dotted lines represent the vein:—the others, the artery.

ART. II. *Reports of cases.* By ROBERT LEBBY, M.D., Physician to the United States' station, Fort Johnson, Charleston harbor.

CASE I.—*Apoplexy from repletion of the stomach, cured by bleeding from the temporal arteries and an emetic.* In the second number of the North American Archives of Medical and Surgical Science, I read with considerable interest, the fourth case on apoplexy, produced from excessive repletion of the stomach. It brought forcibly to my recollection a similar case, which occurred to one of the workmen employed on the United States' fortification in this harbor, in September, 1829. A colored man, the property of Mr. E., was found on the morning of the 15th of September about day-light, in the rear of the barracks, in a state of apoplexy. He was immediately removed into the quarters—and I requested to see him. Upon first view, he appeared almost beyond the reach of medical aid. His extremities were perfectly cold—the abdomen considerably enlarged, especially about the region of the stomach—his pulse very feeble and depressed—the pupil of the eye contracted, and the action of light producing no effect whatever upon it. His breathing was hurried, and stertorous. Under these unfavorable symptoms, I directed him to be wrapped up immediately in a blanket—applied cataplasms to the ankles and legs—hot bricks to the soles of his feet, and bottles of warm water about the body. I then opened a vein, but to my disappointment did not get more than a gill of blood; I opened another, and another, with no better success. My friend, Dr. James Perronneau, came in, and examined him. We now determined on rubbing the abdomen and upper extremities, with warm turpentine; and I divided both of the temporal arteries just before the ears, and to our satisfaction they bled freely to the amount of about twenty ounces, and then stopped. Both temples were now rubbed with a coarse towel very briskly for a few seconds, when the blood flowed again very profusely. We kept up this excitement occasionally until full forty ounces of blood were abstracted. The spine and body were rubbed with hot turpentine, and hot flannels wet with the same fluid were applied along the spine and over the abdomen. To our great surprise and astonishment, he attempted to move one of

his hands, which had been placed over a hot stone. From the appearance of the abdomen, we concluded that the disease had been produced from eating a hearty supper; and the last accounts that his companions could give of him was, that about eleven o'clock of the night previous, he was sitting by the door of the cook-room eating rice, which he had just cooked. A solution of three grs. of tart. ant. was poured down his throat with considerable difficulty; and in the course of half an hour, he ejected a large quantity of hard half-boiled rice from the stomach. As soon as it appeared partly disgorged, a little warm water was given him, which he swallowed with less difficulty, and in a short time after, smaller portions of rice and pork were thrown up. He appeared after this to be considerably relieved, and his first symptoms gradually wearing off, a gentle moisture appeared over the surface of the body. His pulse assumed a more regular action, and at one o'clock—eight hours after my first seeing him—he spoke, and answered several questions, though incoherently and unconnectedly. A blister was now applied between the shoulders, and one over the epigastrium, and calomel 10 grs. with 20 of jalap, administered. It operated about 8 o'clock in the evening, after an enema of a decoct. of senna and common salt had been injected. From this period to 10 o'clock he had three very copious evacuations. A little warm gruel was given him; after which he fell asleep, and continued in this state until 7 o'clock the next morning.

September 16th. He complained very much of his blisters, which had vesicated very handsomely, and of a burn on the right hand, which was inadvertently produced by the application of the hot stone which had been placed in contact with the hand. He had considerable headache; an ounce of castor oil was ordered, in combination with turpentine, which operated very freely, and in the evening he was better and had no headache. He remained in quarters daily improving, and on the morning of the eleventh day returned to duty. I should notice that this man had been very intemperate until the spring preceding this attack, and from that period, it was believed by his owner, that he had reformed, and had not to his knowledge touched spirits of any kind, up to the date of the attack. He was about 28 years old, and a very muscular, active man—a ship carpenter by trade, and at the time was employed by the United States' Engineer in erecting a wharf at Fort Johnson.

There is very little doubt but the disease was occasioned by the quantity of rice the patient had eaten the night previous; and that the loss of blood from the temporal arteries, aided by the emptying of the stomach of its contents by the emetic, saved his life. The emetic was rather a dangerous experiment, but as the case was considered as almost hopeless, both by my friend, Dr. Peronneau, and myself, the administration of it was admissible, for at the time it was given, we believed that he would die, and that no action whatever could be made on the stomach.

Case II. *Accumulation of fluid between the cranium and scalp.*—On the 11th of May, 1834, I was requested to visit a small colored boy, aged about seven years, the property of Mr. P. of James' island. On seeing the boy, I was forcibly struck with the unusual size and appearance of his head, with his face swollen. On examination, I discovered that there was a quantity of fluid between the scalp and skull—the former very tumid and yielding. He complained of no pain whatever about the head, and his general health was in other respects good, and his appetite unusually so. He was lively and playful, associating with the rest of the children about the plantation, and with the exception of the unusual size of the head, no person would have supposed him at all indisposed. I directed a powder of calomel, jalap and nit. pot. to be given him that day. It operated very well, and the next day put him upon the use of digitalis and nit. æther, with a grain of blue pill at night, as an alterative. This course was pursued for a week, without the slightest benefit. The size of the head gradually increasing, a blister was applied to the back of the neck, and dressed with savin oint. with no better success; the head continuing to increase in size until the 24th of May, when it attained the size of twenty-five inches in circumference. I then determined on puncturing the scalp, and drawing off the fluid. I ordered the boy to be brought to Fort Johnson the next morning; and in the presence of my friend, Dr. Thomas Logan, I introduced a trocar over the left ear a little posteriorly, and succeeded in drawing off eight ozs. by measurement, of a watery fluid slightly tinged with blood. The patient complained of no pain from the operation. The scalp was left lying loosely over the skull, except a little on the back of the head. The whole head was covered with a cap and a bandage drawn

moderately tight over it, with the object of keeping up, as far as possible, an equable degree of pressure over the whole head. The digitalis was resumed with a grain of blue pill at night; and to my great gratification the boy continued to improve daily. The fluid did not re-collect, and at the expiration of four weeks, I discharged my patient cured. I would observe, that this child the fall previous had had a severe attack of fever, connected with worms. During this illness, eighty-five worms passed away from him.

After the operation he continued to improve, and had no return whatever of the disease. His head resumed its natural appearance, and his health continued good throughout the summer. Unfortunately, however, he was attacked with bilious remittent fever late in the fall, during which attack he had several convulsions, which were no doubt occasioned by the irritation of worms—as a few were expelled, and a considerable number came off after death had ensued. I have been somewhat at a loss under what head to class this disease, as it could not be literally called hydrocephalus, the term having reference only to water within the cavity of the cranium. Some writers of repute doubt whether such a disease as hydrocephalus ever occurs; and Dr. Good is of opinion that if it does, it ought to be regarded as a variety of anasarca or cellular dropsy, rather than hydrocephalus, or dropsy of the head so called. That the disease does occur, (although I believe the instances are rare) is beyond a doubt—and it is of very little importance whether it be called hydrocephalus or cellular dropsy.

ART. III. *Observations on Chronic Gastritis and Duodenitis, and especially on those conditions usually denominated Dyspepsia, Indigestion, &c.* By the EDITOR.

(Concluded from page 271.)

Treatment.—It is not our intention to enter upon an elaborate discussion in relation to the treatment of chronic gastro-duodenitis; nor do we propose to consider the management of dyspepsia in all the multifarious forms which it assumes. The truth is, chronic inflammation of the stomach is a disease requiring but a limited range of medical treatment, and which, in a majority of cases at least, must be managed more by a strict

attention to diet and regimen, than by the endless farrago of nostrums which have been prescribed for its varying symptoms. Medicine, aided by a rigid observance of a proper dietetic discipline is capable of accomplishing much towards the relief of the bodily and mental sufferings of the individual, but without this assistance, it either proves useless, or becomes decidedly mischievous.

Dietetic treatment.—This being the case, whatever the grade of the disease, or the complications associated with it, the first and most urgent duty of the physician is, to enforce such a course of diet and regimen as will prove compatible with the capabilites of the diseased stomach, and promote the recovery of its healthful condition. This is unfortunately often a difficult point. Volumes have been written on the subject of dietetics, but we are as yet but little better able to adapt the food to the varying capabilities and caprices of the stomach, than we were when destitute of these learned and refined precepts. Daily experience proves, that certain articles are easy of digestion, and that others are with greater difficulty submitted to those changes which are necessary to convert them into the healthy elements of our organization. This is about the amount of our knowledge on the subject, and unfortunately it is of little avail; for the idiosyncrasies of individuals are so diversified, that what is digestible with one, proves highly offensive to another, apparently in the possession of the same degree of health and constitutional energy.

In the treatment of chronic gastritis, the physician must always adopt, as a leading proposition, that the mucous membrane of the stomach is in a state of morbid irritation—that its susceptibilities are preternaturally elevated, and consequently, that this condition is incompatible with healthful digestion, and forbids a continuance of the ordinary diet to which the individual has been accustomed, however light the shades of disease. He must, therefore, by a scrupulous analysis of all the features of the case, and a minute and patient investigation of all collateral circumstances, endeavor to ascertain the degree to which the capabilities of the organ have become impaired, and the extent to which its susceptibilities are increased, in order that he may so regulate the quantity and quality of the aliment, as to ensure its perfect digestion, and at the same time, confine the impressions which it makes upon the suffering organs, within

that range which is compatible with their physiological or healthy acts. Many of the phenomena of such cases convey a semblance of debility. Digestion is imperfectly executed, the constitutional energies languish, and the individual becomes emaciated. But all this is far from being the consequence of a simple state of debility. Every organ, examined in reference to its dynamic powers, must be considered in the two-fold relation of functional and nutritive,—or in other words, in the execution of its appropriate function, and the maintenance of those acts by which it is itself nourished and sustained, and by which the integrity of its vitality is preserved. Thus, the stomach has for its functional act, the contribution of its share to the process of digestion, while the acts of nutrition which are necessary for the preservation of the perfection of the organization of its several tunics and their vital endowment, are accomplished by the circulation and innervation of which they are the seat in common with all the organs. Hence, considered in this manner, it can be easily comprehended, how the imperfect execution of the functional acts of the stomach may convey a semblance of debility, when in reality it is a consequence of exalted irritation of the coats of the stomach, with corresponding modifications in their nutritive acts,—impaired digestion being under such circumstances more the result of increased than of enfeebled action of the structures by which that function is accomplished. The stomach cannot, therefore, be made to digest by stimulating still higher its already inordinately excited vital powers. Its healthful action cannot be restored by loading it with food, or drugging it with tonics and stimulants, but only by reducing the food to that quantity which it can digest perfectly, and without any increase of the irritation under which its mucous membrane is already laboring, and by the institution of such treatment as will be calculated to subdue increased irritation, or diminish the vital activity of the affected structures.

The extent to which it will be necessary to reduce the food, will vary according to the degree of inflammation. We have seen that, in this respect, the disease presents several grades. In some, the inflammation is slight and limited to a small extent of the organ, while in others, it is much more intense, pervades a greater extent of surface, and frequently involves other organs. A much greater reduction will therefore be necessary in the one case than in the other; but in both, the important

point is to ascertain exactly how much food the stomach can digest, without injury to itself, as the whole nourishment of the system must be received through this organ, consequently however important it may be to effect a reduction of the aliment to that quantity which can be taken in and digested without augmenting the inflammation, it is of equal importance, to allow as much as can be managed by the organ compatibly with the observance of this rule. A reduction beyond this would prove highly detrimental, and could not be long endured by the individual, as the powers of life would rapidly succumb under the privation. Errors upon this extreme are, however, much less frequently committed than upon the opposite, and in a large majority of cases, more aliment is allowed than can be digested, and the inflammation of the organ is incessantly provoked, either by the quantity or quality of the food. A relish for the food while taking it, and a feeling of comfort during the entire period of digestion, are perhaps the best criteria, and whenever a departure from either of these conditions is observed, it may be inferred that an error has been committed either in quantity or quality. Dr. James Johnson has asserted a truism, in affirming "that, if an individual who has dined on a pound of beef steaks and a bottle of Port wine, feels as comfortable at the end of two, four, six, eight, or twelve hours after this repast, as he did between breakfast and dinner of the preceding day, he had better continue his regimen, and throw physic to the dogs." Yet there can be no better rule of conduct for the dyspeptic invalid, and if he discover, after taking only a few ounces of the blandest aliment, that his uncomfortable feelings are increased, he should take this as indication, either that he has taken too much, or that the article offends by its quality, and accordingly, abate still more in quantity, or select something suited to the idiosyncrasy of his stomach. In the treatment of chronic phlegmasiæ of the stomach, it will generally be advisable to reduce the quantity of food at first to the smallest possible quantity compatible with the maintenance of the physiological acts of the organs, and only to increase it in proportion as it is found that the stomach can bear it with impunity.

It is not less difficult to fix upon the quality than the quantity of aliment. In deciding upon the former, as well as the latter point, the extent and intensity of the inflammation must be

carefully estimated. Where it is partial and inconsiderable, it will not be necessary to enjoin an absolute avoidance of animal food, provided such articles only are selected, as are most easy of digestion, and provided also, they be dressed in such a manner as to be least apt to offend the stomach. The flesh of very young animals is generally more difficult of digestion than that of those which have attained a moderate age. Beef should consequently be preferred to veal, and full grown chickens, provided they be tender, to those which are very young. Mutton is generally less offensive to the stomach than beef; and pork in all its forms, though well digested by some weak stomachs, should be generally avoided. All meats, moreover, which contain much fat, are injurious, and whatever kind is selected, none but those parts, the fibre of which is soft and tender, should be used, and that for the most part boiled, or broiled, and without the extraneous embellishments of rich sauces and stimulating condiments. Oysters, however, provided the hard muscular parts be rejected, are more digestible than any of these articles, and next to them may be placed the lighter species of game, rare done eggs, &c. Milk, especially if it be previously boiled, is easily digested by most stomachs, even though their powers be considerably impaired—and mixed with a third of water, we have generally found it the lightest species of animal food. With some individuals, nevertheless, it is apt to become acid, or to otherwise offend the stomach, and be rejected in a curdled condition sometime after it has been taken. Of the vegetable aliments, it may be affirmed, in general terms, that all, except the farinaceous articles, are injurious to those who are affected with diseases of the stomach. They are, with these exceptions, exceedingly difficult of digestion, and are withal, much more prone than animal food, to give rise to acidity and flatulency, and all the distress which these conditions occasion. The light farinaceous articles, however, generally set well on the stomach, and if used in moderation, and properly done, they constitute the best diet for those who are affected with diseases of the stomach, and who cannot take animal food in any of its forms.

Guided by these data, such a diet must be selected, as is likely, to prove compatible with the condition of the stomach. Even where the degree of inflammation is slight, great advantage will generally be secured by restricting the patient at first, for a few

days, to light farinaceous aliment, and only allowing him a more generous diet, in proportion as it is ascertained that he can sustain it with impunity, or after such a degree of amelioration has been obtained, as will render such a course proper. When the disease is more intense, this plan will not only be imperatively demanded at the outset of the treatment, but must be persevered in until the force of the disease is subdued,—a due regard being had to the degree of inflammation, and its progressive amelioration. It may appear like a paradox, to restrict an individual, who is able to go about in pursuit of his avocations, to barley water, rice water, water gruel, &c.—yet in cases of chronic gastritis, there is nothing so effectually paves the way to successful treatment, as a few days confinement to this regimen: we say a few days, because in a majority of cases, it cannot be sustained longer with impunity, and to persist in it for a great length of time, except when there is considerable imflammation, would be quite as absurd, and certainly not less injurious, as to allow the individual an undue quantity of animal food under the same circumstances. The stomach, from the very nature of its office, must necessarily be exposed to that species of daily irritation, which is the inevitable consequence of the introduction of aliment into it; yet this irritation, within a certain range, is healthful and indispensible. It is only when it is provoked beyond this point, or when it falls below it, that disease takes place; and its actions may become pathological as well from defect as from excess of alimentation. Having, therefore, put the organ in training, if we may be allowed the expression, by subjecting it for a few days to a light farinaceous diet, a more generous aliment must be gradually allowed, passing from these to milk, and from milk to eggs, oysters, game, &c., until it is found that it acquires the faculty of digesting, without inconvenience, the more substantial articles of animal food, as mutton, beef, fish, &c. In severe cases, the barley water regimen, or something equivalent, must be continued for some days; but in proportion as improvement takes place, it may have a portion of milk boiled with it, to which a small quantity of sugar should be added, and the diet may be gradually made more substantial by adding stale bread, water crackers, rice, and with some individuals, fresh corn meal mush or corn grist, which should be well done, and always used with fresh milk or cream,

previously boiled, and a small quantity of salt. Tea and coffee should be generally avoided as an abomination, except black tea, which should be taken with a moderate quantity of sugar and milk. The pure cocoa is an excellent substitute, and generally agrees better with the dyspeptic stomach than any of the kindred articles. Chocolate, however, in the forms in which it is generally obtained, is such a compost of ground-nuts and hogs-lard, as to be very injurious to any but the stomach of a ploughman. When the digestive power of the stomach has been so far recovered, as to admit of a departure from the simple farinaceous fluid regimen, the breakfast may either consist of milk in the form, and with the adjuncts, already mentioned, or of cocoa, with dry toast, and in some cases the addition of a soft fresh egg and a little salt, but no butter. The dinner, like the breakfast, must be regulated by the circumstances of the case. If there be still much irritation of the organ, it must consist of the farinaceous articles, with milk. If not, it may consist of the soft part of a few oysters, of some of the most tender and digestible of the land birds, or, if a more substantial diet still be admissible, of the wing of a tender chicken, or some mutton or beef steaks,—a strict regard being constantly had to quantity. Dry toast, crackers, rice, or a dry mealy potato, will form good adjuncts, when a generous allowance of animal food is admissible; but soups, and most of the ordinary vegetables, must be scrupulously avoided. The best supper, when there are still evidences of irritation, will be a pot of gruel, or in slighter cases, a little rice and milk, with sugar. We have found oat meal, barley groats, and rice flour, when fresh, less liable to become acid on the stomach, than corn meal, and when boiled with equal parts of milk and water, to the consistence of gruel, they form a light and nourishing diet for the dyspeptic. Should they become acid, a little lime water, or carbonate of soda may be added. Where all these articles disagree, we have found nothing set so well on the stomach, as a preparation of parched corn. The corn after being slightly parched, not burnt, should be ground into flour. A little boiling water poured upon a few spoonsful of this, and suffered to stand a few minutes, forms a light and nourishing diet, which we have seen set comfortably on the stomach, when almost every thing else proved offensive. It is a preparation much used by the Indians of our country, and it

is well known that, with no other nourishment, they are enabled to endure the fatigues of the chase for days together, without any impairment of their bodily energies.

A proper attention must also be paid to drinks. We need scarcely remark, that in all cases, where there is much irritation, every thing in the slightest degree stimulating should be avoided. Pure water, toast water, barley water, &c. will under such circumstances, be the most proper drinks. Yet an error is too often committed by those who labor under diseases of the stomach, in taking too much fluid with their meals, or while digestion is going on. Fluids taken into the stomach under such circumstances, beyond a certain point, tend to impede the process of digestion, and prove highly detrimental. A certain quantity of liquid is certainly necessary to convert the solid aliment into a pulp, favorable to be acted upon by the stomach; yet it should be remembered, that this is generally furnished by the salivary glands, and the coats of the stomach itself, so that only a small quantity is necessary to be added in the way of drinks. Copious drafts of liquid taken during a repast, or while digestion is still going on, tend to dilute the gastric juice, and impair its solvent agency. Hence it will generally be found, that dyspeptics who limit themselves to a small quantity of fluid at such times, and introduce it into the stomach gradually, and at intervals, digest better, than those who load their stomachs with water or other liquids.

But while this should be adopted as a general rule, there are circumstances under which it will be advantageous to make a slight departure from it. Some individuals, with whom a moderate allowance of food is admissible, suffer much while digestion is going on, and especially about the time the process of chymification is nearly completed, from gastralgia, pyrosis, cramps of the stomach, flatulence, flying pains about the abdomen, thorax, &c. Under these circumstances we have adopted a plan recommended by Broussais, with manifest advantage. He remedies these difficulties by directing very small quantities of water, either simple or sweetened with sugar, to be taken at short intervals. In very delicate and debilitated subjects, he even proposes to administer it by the spoonful, often repeated, and although to those who are stronger he allows it in greater quantity, he subjoins that the amount given should never equal the chymous mass. He remarks, that in thus introducing into

the stomach a moderate quantity of soothing and refreshing fluid, about two and a half or three hours after digestion has commenced, the irritation of the organ is calmed, the spasms of the pylorus, and the pains of the cardia and the splenic extremity of the stomach are dissipated, and the chyme passes into the duodenum with infinitely less disturbance. He mentions the case of a physician, who suffered severely during this stage of digestion, and who, after submitting to antiphlogistic treatment, was completely relieved in the course of a fortnight, by adopting this simple expedient; and he subjoins, that by the same plan, hundreds of cases of gastritis are effectually cured.*

Although water constitutes, in a majority of cases, the most appropriate drink, it not unfrequently becomes necessary, when the disease has existed for a length of time, and when the nutritive, as well as the functional, acts of the stomach become much enfeebled, to promote the languishing physiological operations of the organ, not only by a more generous diet, but by drinks which are slightly stimulating. It may have the semblance of a paradox to recommend stimulation to an organ already inflamed, yet universal experience has shown, that not only in certain grades and conditions of chronic phlegmasiæ of the stomach, but likewise in similar states of the living solids generally, a treatment slightly stimulating is absolutely necessary. In ophthalmic inflammation, depletory remedies lose their effects after the lapse of some time, and stimulating collyria become necessary;—and the mucous membrane of the stomach, analogous in its properties of organization, is influenced by the same laws. The great difficulty is to decide, when this modification becomes necesssary, and if stimulants be resorted to before the proper period has arrived, or if they be employed in undue quantity, they will not fail to provoke additional irritation, and exasperate the sufferings of the individual. The same rule must be observed that has been prescribed for the regulation of the aliment. They must be employed at first in very small quantity, and only at dinner, and if benefit is realized, the quantity may be increased, as far as may be compatible with the state of the disease, and the necessities of the organization. A tea spoonful or two of good brandy well diluted with water, when not contraindicated by the degree of inflammation, will promote digestion. Beginning thus cautiously, when the stimulus is found to

*Cours de Pathologie et de Therapeutique generales, tome 2. p. 143.

agree well with the patient, the brandy may sometimes be exchanged for good sherry, madeira, or port, always avoiding that which is acid, and restricting the quantity to what is barely sufficient to maintain the physiological action of the organs. We have found good London porter agree remarkably well with many individuals, under such circumstances, and in some cases, where neither brandy nor wine could be taken. But whatever article be selected, it should not be taken until the conclusion of the meal, since if the individual sips it, as is often done, while he is eating, it will be apt to provoke a preternatural appetite, and lead him to take more food than the stomach can digest.

In order to reap the full benefits of this dietetic discipline, it must be persevered in without wavering or interruption. Nor is it less important to have a strict regard to time. The oft repeated assertion of Dr. Temple, that "the stomach of an invalid is like a school boy, always at mischief unless it be employed," is fraught with danger when applied to the dyspeptic. Every portion of food taken into the stomach, no matter how small, provokes more or less irritation, which continues until digestion is completed. If, therefore, the individual is in the habit of eating at short intervals, and between the regular periods of his meals, he taxes the stomach with additional labor, and submits it to more suffering than is necessary. If the dinner hour be two or three o'clock, nothing will be necessary between the hours of breakfast and this period: but if it be deferred until five, it may be necessary to take something light in the interval. This luncheon, however, should consist of some article that is easy of digestion, and should be small in quantity.

Medical treatment.—Under the head of medical treatment, the first remedy that suggests itself is the abstraction of blood.

General bleeding is seldom demanded, and but few patients who have been long labouring under chronic gastritis can bear the loss of much blood taken in this way. In those cases in which the inflammation verges on the acute form—where there is burning of the palms of the hands, a smart febrile exacerbation towards evening, with frequent chorded pulse, it may sometimes be useful to practise general bleeding, provided the individual be not already too much debilitated by the force of the disease, or the influence of previous treatment. A repetition of the operation will, however, be seldom needed, even under these

circumstances, and when the force of the disease requires that more blood should be abstracted, it will be better to do it by leeches or cups, than to reduce the recuperative powers of the system too low by the use of the lancet.

Local bleeding will be admissible in almost every stage and variety of chronic gastritis; and it frequently happens, that where the quantity of blood abstracted is properly apportioned to the energies of the system, the individual gains strength under a repetition of the operation. It is indeed one of the most effectual means of combatting this insidious malady, and aided by a properly regulated diet, and the agency of revulsive remedies, it seldom fails to display its powers in mitigating or removing the sufferings of the patient. But to obtain this effect, we must not be content to employ it once, or even a few times; the application of leeches and cups must be reiterated again and again, at short intervals, so as to establish and maintain a control over the local inflammation. The quantity of blood to be drawn at each period must be determined by the circumstances of the case, but need never be considerable, except where the whole stomach is affected, and the disease assumes a form of considerable intensity. In such cases, if there be indications of a febrile state of the system, and the individual be not already too much enfeebled, thirty, forty, or even fifty leeches may be applied over the epigastrium, or a proportionate quantity of blood may be drawn by cups. The effect will generally be, a manifest amelioration of the symptoms of the disease, which will be either temporary or permanent. In a few instances, where the affection is recent, a single prompt bleeding of this kind will either arrest its progress, or make such an impression upon it as to place it under the control of other remedies. Very often, however, the relief is only temporary, and does not endure beyond a day or two. When this is the case, the leeches and cups must be repeated; but it will seldom be necessary on a subsequent resort to them, to draw more than a few ounces of blood. Ten or fifteen leeches, or a proportionate number of cups, will generally suffice; or if the patient be already much debilitated, the number may be reduced to six or eight, which should be applied over the epigastrium, and if the blood does not flow freely from the leech bites, it may be promoted by the application of the cupping glasses, as directed by Broussais. In mild cases, where the inflammation is slight, or limited to a small

portion of the stomach, it will not be necessary to apply more than eight or ten leeches even at the first operation, and when the individual has been much enfeebled by the long continuance of the disease, or by previous active treatment, even this quantity of blood may be too large, while the abstraction of an ounce or two will produce a striking and happy effect. To insure the full and permanent benefit of the remedy, the practice must be followed out. These small abstractions of blood should be repeated twice or thrice a week, until by the conjoint agency of the depletion, and the light mucilaginous or farinaceous diet already adverted to, the force of the inflammation is subdued, the pain, flatulence, and acidity of the stomach overcome, and the stomach is put in a condition to receive and digest a more nutritious aliment. In feeble, nervous temperaments, the leeches should be generally preferred, as cups sometimes excite too much disturbance of the nervous system; but when this preternatural susceptibility does not exist, cups are occasionally more advantageous, because in addition to the benefits they confer by the abstraction of blood, they prove serviceable by the revulsion they create. But which ever is employed, it should be borne in mind, that it is not by the abstraction of a great quantity of blood that the disease is to be subdued, but by the frequent withdrawal of small quantities. The stomach is a focus of irritation, which is perpetually inviting an undue quantity of blood to its vessels, and if this disposition be not obviated, the mischief will be perpetuated as long as the irritation continues. This end must be gained by the withdrawal of all sources of irritation from the organ; by the gradual abstraction of a portion of the circulating fluids; by directing the tide of the circulation to some other point; and by the employment of such means as will be competent to soothe down the erethism of the organ, which, while it continues, makes it a kind of centre of fluxion. The first indication will be fulfilled by a proper regulation of diet; the second by cups and leeches; the third by revulsives; and the fourth by the proper use of narcotics. It is only, therefore, by the gradual and repeated abstraction of small quantities of the vital fluid, that the organization can be brought into a condition to realize the full benefit of the other remedies;—and it is necessary to take it away in small quantities, because the energies of the system are already so depressed, that they would succumb under the sudden loss of a considerable quantity of blood; and at short inter-

vals, because the influence of the irritation of the stomach tends incessantly to determine the fluids in that direction, and if it be not repeatedly withdrawn, such congestions will form, as will perpetuate the sufferings of the patient, and lead eventually to the development of incurable alterations of the structure of the organ.

We feel assured, from considerable observation and experience, that one half the difficulty that is encountered in the treatment of the chronic phlegmasiæ of the stomach, arises from the neglect of local blood-letting. There being in an immense number of cases, no evidences of febrile action, no pain or tenderness of the region of the stomach, in short, no prominent indications of inflammation, the pathological state is mistaken for one of debility, and the removal of it is attempted by tonics and stimulants. The enfeebled state of the constitutional energies, the emaciation, and the imperfect manner in which the function of the stomach is performed, tend still further to confirm this error; and while these conditions seem to contraindicate the abstraction of even the smallest quantity of blood, they are seized upon as evidences of the propriety of an opposite course, and it is only after pain, tenderness, vomiting, fever, and other unequivocal evidences of inflammation are provoked by the continuous irritation of the stomach, that the practitioner becomes apprized of the falsity of his diagnosis, and the incorrectness of his treatment. We will not pretend to say, that there are not cases of dyspepsia in which the local abstraction of blood is not necessary, or that it may not sometimes prove decidedly mischievous. Nor would we affirm that the majority of cases will be cured by this remedy, or that great injury may not be inflicted by abstracting blood too freely, or continuing to do so too long. The reverse is true in both cases. Yet as a general rule, the remedy used with proper discrimination, will be decidedly beneficial, and will frequently produce an instantaneous amelioration, where tonics, stimulants, purgatives, and specifics have totally failed. We lay it down as a rule to employ leeches or cups in all cases, except those which depend upon a mere neuropathic condition of the stomach, either consisting in a simple exalted nervous erethism unassociated with vascular turgescence, or a condition of pure debility, which is probably of rare occurrence. At least, the only additional exception we would admit, is, an extreme prostration of the pow-

ers of life, rendering it dangerous to deprive the individual of even the smallest quantity of the vital fluid. Under all other circumstances, we think blood may be drawn as preparatory and adjuvant to the other remedies, proper precaution being observed, not to abstract too much at one time, or to continue the practice beyond a proper point. We would adopt this practice even though we might not be able to draw more than an ounce of blood at the first bleeding; nor would we wait for pain or tenderness in the region of the stomach, to indicate its employment. Even in the feeble and the emaciated—those whose energies have been completely unstrung, we have seen it produce the most happy effects; and when not more than an ounce or two of blood could be drawn at first, we have repeatedly witnessed, under a prudent repetition of the remedy, the powers of the system rally, the flatulence and eructations disappear, the erratic pains subside, the strength of the patient improve, and at the expiration of a short time, his stomach either acquire the faculty of digesting, or his system become so far invigorated, as to admit of such a quantity of blood being drawn as to make a prompt impression upon the disease, and render little else necessary than a proper attention to diet. A few leeches or cups will often do more to allay acidity, flatulency and eructations, than all the antacids and carminatives that can be thrown into the stomach.

But while the local abstraction of blood is capable of doing this, we must repeat, that if employed without proper discrimination, or continued too long, it may occasion irreparable mischief. Even where it is beneficial at first, it ceases to be so after it has been repeated several times. Under such circumstances, therefore, after it has been pushed far enough to prepare the system for other remedies, it must be laid aside, or only employed when demanded by relapse, or a recurrence of the condition which called for it at first. When the duodenum is the part chiefly affected, if there be congestion of the liver associated with it, as is often the case, a few leeches may be advantageously applied about the verge of the anus, in addition to those which are applied over the affected organ. In this situation, they will deplete directly from the portal circulation, and thus act more immediately upon the liver.

Evacuants.—The constipated state of the bowels, which forms a prominent symptom in chronic gastro-duodenitis, has been very

generally considered as furnishing a strong indication for the use of purgatives. Such remedies, indeed, have long been popular in the treatment of the disease, and since the time of Hamilton especially, they have been employed almost to the extent of universal remedies. Such is the force of fashion, and such our disposition to settle down into a species of routine, for no better reason than that we see our contemporaries adopting such a course, that almost every physician has some favorite aperient pill or draught, which he employs in all cases of the kind under consideration, until by its frequent repetition, he almost cheats himself into the belief that he is in the possession of a panacea, and seldom takes the trouble to inquire for what object he employs it, or what are the effects it is capable of producing. Nor is this practice confined to the members of the profession alone:—while the physician reposes his confidence in blue pills, with some of the ordinary adjuncts,—as scammony, colocynth, aloes, &c., the common people too have their aperient pills, which they ply freely after every debauch, and chuckle significantly at the idea of cheating the doctor, while under a disastrous delusion, they are only paving the way to their own wretchedness. Hence we have Hooper's pills, Lady Webster's dinner pills, but above all the far famed hygiene or Morison's, of present notoriety, all of which, with numberless others of a similar character, are used with nearly the same frequency as the ordinary articles of diet.

The constipation of the bowels should certainly be counteracted, but we are of opinion, that purgative medicines, composed for the most part of articles of a highly irritating character, are not the most appropriate means of fulfilling the indication. It is true, their operation is often followed by an amelioration of the symptoms of the disease, but generally this relief is only temporary, and is followed by a renewal of the constipation, and a recurrence of all the unpleasant symptoms occasioned by it. A repetition of the purgative is therefore demanded, and the practice is thus pursued, until the torpor of the bowels becomes inveterate under the influence of the perpetual irritation to which they are exposed, and operations cannot be provoked, except by the most drastic articles that can be employed. The results of this kind of practice are very similar to those which Dr. Cullen represents to have been induced in his day, by the use of the Portland powder in the treatment of gout. He re-

marks, that he had known nine or ten persons who had taken this medicine for the term prescribed, which is two years, and although they remained free from any future attack of inflammatory gout, soon after finishing the course of their medicine, they became valetudinary in different shapes, and in every one of them, before a year had passed, some hydropic symptoms appeared, which gradually increasing, in less than two, or at most three years, proved fatal. Thus, in chronic gastro-duodenitis, we often find individuals continue for some time to experience relief from the use of the ordinary aperient pills, which are so much employed in such cases, but in the end, the reiterated irritation of the mucous membrane is too apt to give rise to thickening of its substance, ulceration, scirrhus, degeneration, permanent organic disease in the liver and spleen, ascites, and other formidable diseases, which sooner or later prove fatal. The constipation and the perversion of secretion, against which these means are more especially directed, are consequences of the chronic inflammation of the stomach and duodenum, together with the consecutive implication of the liver. This condition must necessarily be exasperated by the direct application of irritants to the affected organs, and although the mischief may be for sometime obviated, by the free secretions which are elicited, and the revulsive impressions which are produced, the effect in the end will generally be mischievous. Curtail the diet; confine the patient for a few days to bland, farinaceous, and mucilaginous articles, abstract blood from the epigastrium by means of cups and leeches, keep up a revulsive impression upon the surface, and throw copious warm water enemata into the bowels, and all the difficulties will be in a short time effectually surmounted. By adopting this course, it will soon be found that the secretions will be restored, the bowels will act spontaneously, the uneasy symptoms will vanish, and the supposed necessity for purgation will no longer exist. At first, it may be necessary to render the enemata somewhat more stimulating than simple warm water would be, because while the irritation of the stomach retains a considerable degree of intensity, it will concentrate upon that organ nearly the whole susceptibility of the bowel, and render it so insensible, that it cannot be excited by these simple injections. But in proportion as the affection of the stomach is subdued by the antiphlogistic treatment, the susceptibility of the whole canal

will become more equally diffused, and the bowel will either resume its function, or simple warm water, or some other bland fluid, will be found sufficient to make it throw off its contents. At the present day, the enemata apparatus is so much improved as to render these means much more effectual than they were under the former mode of administration, and far less inconvenient and repulsive, as the individual can administer them himself. They should be employed daily if necessary, and if hardened fæces have become lodged in the haustri of the colon, a gum elastic tube should be passed up the rectum, in order to conduct the fluid of the injection to a sufficient height, to produce a complete evacuation of these indurated masses, which sometimes excite inconceivable uneasiness and distress if not dislodged.

If the antiphlogistic treatment be instituted, and properly carried out, simple enemata, or at least those which are but slightly irritating, will generally be sufficient to excite sufficient action upon the bowels, and the necessity of resorting to purgatives will be obviated. Should it be requisite to administer internal medicines with the view of effecting this object, none but the mildest articles should be employed. A drachm or two of castor oil, a little calcined magnesia, or a few grains of rhubarb, will in most cases possess sufficient activity to produce the effect, and will not exasperate the irritation of the diseased organ, like the mercurials and drastics which are usually employed under such circumstances. Even these articles should not be administered, except when there is an urgent necessity, and a too frequent repetition of them should be carefully avoided.

It may appear to many strange, that we should object so strongly to the use of blue pill, after the extensive popularity which has been given to it by the authority of Abernethy, Wilson Phillip, and others. Our objections are founded upon an intimate knowledge of the mischievous consequences which follow its abuse. Nor do we stand alone in our opposition to its general employment. Dr. Stokes, whom we regard as a sound pathologist, and one of the best practitioners of the present day, holds the following language: "The old purgative and mercurial treatment of gastritis, I am happy to say, is rapidly declining; and British practitioners are now convinced, that they cannot cure every form of dyspepsia by the old mode of

treatment. I do not deny that many diseases of the digestive tube may be benefited by the mild use of mercury and laxatives, but I think I have every reasonable and scientific practitioner with me in condemning the unscientific routine practice, which was followed by those who took the writings of Abernethy and Hamilton for their guide."* Dr. Elliotson, likewise, remarks, that "had Mr. Abernethy lived a hundred years, and done good all the time, he would not have atoned for the mischief he has done in making people take blue pill. Half the people in England have been led to fancy that they cannot live without blue pill, which does no more good than any other purgative, but renders those who take it constantly susceptible to cold, and altogether must be very injurious."† To these authorities we may subjoin that of Broussais. He remarks, that those individuals who are treated with blue pill, "are the tributaries of the apothecary, and drag out a miserable existence. In winter they take pills, and if their means admit, visit watering places in summer. After eight, ten, or fifteen years, they are either destroyed by dropsy or consumption, or they become martyrs to gout. It is thus, that all the rich gastronomes of England live and perish."‡

We have cited these authorities in support of the validity of our objections, in order that they may have more weight, coming as they do from gentlemen who stand at the head of the profession in England and France; and with the object of screening ourselves against any charge of prejudice, which we might incur in censuring a practice, which in England and America especially, has until recently been almost universal. If it be inquired if blue pill and mercury in all its forms should be excluded from the treatment of the affections under consideration, we would reply, that there are circumstances under which they will sometimes be found useful, but that they may be very generally advantageously dispensed with. They should not be resorted to until after the chief intensity of the disease has been overcome by antiphlogistic treatment, and even then in very small doses. It very frequently happens, after a tissue

* London Medical and Surgical Journal, vol. v. p. 7, 1834.

† London Medical Gazette, vol. xii. p. 660, 1833.

‡ Cours de Pathologie et de Therapeutique Generales, tome ii. p. 150, Paris, 1833.

has been for some time affected with inflammation, and submitted to a certain extent to the influence of antiphlogistic treatment, that a kind of sluggishness of its functional and nutritive acts remains, which require to be slightly excited, in order to enable them to regain their healthful condition. The mucous membrane of the stomach and duodenum sometimes remains in this state, after the more prominent symptoms of chronic gastritis have been subdued, and it may be useful, under such circumstances, to administer a grain or two of blue pill, or hydrarg. cum creta, in order to restore the secretions of the tissue, and rouse up its physiological actions. The same condition not unfrequently exists in the liver, under the same circumstances, especially when the mucous membrane of the duodenum is affected; and when, after irritation has been sufficiently subdued, defective biliary secretion is indicated by clay-colored stools, small doses of mercurials will tend to restore healthy secretion. In either case, however, the dose should be very small, and should not be so often repeated as to provoke irritation. The more effectually to obviate this effect, it will often be proper to combine a minute portion of some narcotic; and fractional doses of ipecacuanha, long since highly commended by Daubenton, we have sometimes seen useful, when combined with blue mass or the hydrarg. cum creta.

Revulsives.—These are amongst the most important of the means employed in the treatment of chronic gastritis, and should never be neglected, where diet and other antiphlogistic means do not afford relief. Cups, to which allusion has been already made, owe part of their efficacy to the revulsive impression they make upon the surface; hence when they are not contra-indicated, on account of the irritation of the nervous system which they are apt to occasion, they furnish an admirable means of accomplishing the two-fold object of depletion and revulsion. Even where it is no longer necessary to draw blood, frequent dry cupping over the abdomen and spine has a very happy effect. We frequently direct the operation to be repeated daily, and to be continued for several weeks in succession. Large cups should be employed for the purpose, and as the individual, with a little practice, can perform the operation very well himself, when cups are not at hand, small sized tumblers may be very conveniently substituted. When they are to be applied, a small slip of paper, dipped in alcohol, and previously

ignited, should be thrown in to rarify the air, at the moment the glass is turned down upon the skin. The situation of the glasses should be changed frequently during each operation, and they may be applied successively over nearly the whole abdomen and back. But when they are applied in the latter situation, they will seldom make an impression of sufficient activity, unless scarifications be practised.

Blisters will be sometimes demanded when the disease is intense. But they should seldom be large, as the irritation they occasion is apt to disturb the nervous system. It will be better to employ a succession of small ones, the intervals between each being varied by the circumstances of the case. In most cases, they should be applied over the region of the stomach; but we have seen several cases, in which a succession of blisters to the inner part of the thighs, have produced a better effect than when they were placed over the stomach.

A far more efficacious method of exciting revulsion in the chronic affections of the stomach is, by pustulation with the tartar emetic ointment. Dr. Stokes has very properly remarked, that the ointment usually employed in such cases is too strong, as it is apt to bring out very large pustules, which in very delicate nervous temperaments, often excite so much pain and irritation, as to prove infinitely more injurious than beneficial. This accords fully with the results of our own observation, and in directing the remedy, we are cautious to make it barely strong enough to bring out an abundant crop of small pimples, and not the large umbilicated pustules which are excited, when a strong preparation is used. Dr. Stokes proposes, that instead of the ordinary quantity of tartar emetic, only about half a drachm, previously reduced to an impalpable powder, should be incorporated with an ounce of prepared lard, to which a drachm of mercurial ointment may be added. This we have found on trial to be sufficiently active, except when the skin is very thick and insensible. In such cases, we have found that the addition of ten, fifteen, or twenty drops of croton oil, which the same author recommends to be used separately as a counter-irritant in such cases, tends materially to improve the efficacy of the ointment. We have also thought, that the power of the tartar emetic ointment is improved by adding one or two drachms of strong aqua ammonia to the ounce. In all cases, the application should be made once or twice a day, until a full crop

of pimples is developed, when it should be suspended for a few days, and then resumed, in proportion as the pimples manifest a tendency to disappear. Care should be taken, however, never to excite so much pustulation as to occasion sympathetic fever, or induce painful disturbance of the nervous system. The ointment should be applied over the epigastric region, and the impression kept up for a sufficient length of time, to produce a protracted revulsive impression. Croton oil frictions have been employed in the treatment of many chronic diseases, and the author quoted above, remarks, that he has seen good effects from them in some cases of chronic gastritis,—at least, in chronic affections of the stomach, attended with severe local pain, nausea, and loss of appetite. Five or six drops, or more, should be applied to the epigastrium, and rubbed in with lint, or a piece of bladder. A full crop of pimples will generally be developed in the course of twenty-four or forty-eight hours. He subjoins, that in some instances, the oil seems to be absorbed, and excites catharsis, but that when it produces the counter-irritant effect, it seldom acts on the bowels—at least he had only seen one case in which it purged, and at the same time excited an eruption on the surface.*

The ointments of iodine produce an excellent counter-irritant effect in chronic gastritis. In employing them, the same rules must be observed which we have already suggested. The strength of the ointment should always be graduated by the susceptibility of the skin, but never pushed so far as to excite violent inflammation, acute pain, and sympathetic fever. In a majority of cases, we have found an ointment composed of hydroid. potass. ʒ i. iodine gr. xv.—simple ointment ʒ vi.—strong mercurial ointment ʒ ij.—sufficiently powerful. The quantity may, however, be increased or diminished, according to the effect produced.

Whatever means be resorted to for the purpose of producing the end proposed, a mere temporary application will not suffice. The impression must be kept up for some time, otherwise so soon as the revulsive effect is allowed to subside, the irritation of the stomach being only partially subdued, will continue to invite the circulating fluids to that organ, and in a short time, local congestions, and all the disturbance that existed before,

* London Medical and Surgical Journal, vol. v. p. 37, 1834.

will be reproduced. It will besides be useful, while these revulsive remedies are in the course of employment, to aid their effects by the frequent employment of the mustard foot-bath, the nitromuriatic acid bath, and the daily use of the flesh brush. The feet are generally cold in this disease, and the circulation in them languid. It will be necessary, therefore, to excite them by some local stimulant of the kind mentioned, and to keep them warm by artificial means. To excite the whole cutaneous surface, the flesh brush should be diligently employed, for at least fifteen minutes, once in twenty-four hours, unless the weakness of the individual, or the existence of too much irritation, should contraindicate its use. With most individuals, the tepid bath will be found useful, if employed about an hour before dinner; and to render its operation more efficacious, the skin should be freely excited after coming out of the bath, by frictions with the flesh brush, or a coarse towel.

After the objections we have made to the farrago of nostrums, tonics, specifics, &c., it will not be expected that we have much to propose in the way of internal remedies. There are, notwithstanding, several articles which, when administered internally, possess great value in the treatment of this disease. They are chiefly such as possess the faculty of subduing irritation; and the best of them are those which possess more or less narcotic power. We have already had occasion to remark, that in nearly all cases of the disease, there is more or less nervous erethism of the stomach, and frequently of the whole ganglionic and cerebro-spinal nervous systems. This is fully revealed by the symptoms we have detailed, and by the whole train of pathological phenomena. It is clear, therefore, that besides depletion, revulsion and diet, something more will be necessary to calm down this morbidly susceptible state of the nervous system, and to quiet the general irritation of which it is the source. For this purpose, we know nothing so effectual as the repeated and continuous employment of very minute doses of those narcotics, which in their modus operandi, produce least disturbance of the general system. It must be borne in mind, however, that the doses must be very minute. They should never be pushed to the extent of exciting the slightest degree of narcotism, or any appreciable unpleasant sensation. To obtain their good effects, their operation should be as it were

silent, if we may be allowed the expression, and merely carried far enough to soothe or obtund nervous susceptibility. They will be most useful when there is manifest pain, but their utility is not confined to such cases. There is a species of organic nervous erethism, which they will not be less effectual in subduing, and pain should never be waited for to indicate their employment. These remedies have long been administered in chronic diseases of the stomach, but generally they have been given in doses by far too large. Employed in this way, except for the relief of gastrodynia, cardialgia, or spasm of the stomach, they are decidedly injurious. They only prove useful in the common range of cases, when given in doses exceedingly small, so as to produce no sensible disturbance of either the circulatory or nervous systems.

Several articles of this class are useful, but the preparations of opium may be placed at the head.—The best of them is the acetate and sulphate of morphia, and the black drop, though we have employed the opium itself, in doses of the eighth or sixth of a grain, with decided advantage. To no one are we so much indebted as to Dr. Bardsley, for demonstrating the efficacy of the acetate of morphia in the treatment of this class of affections. He has furnished a tabular view of a great number of cases in which it was employed, and the results obtained in his practice were such, as to claim for the remedy a high share of confidence. We have employed it and the black drop for several years, and have often had the satisfaction to see them prove highly beneficial. We have generally commenced by giving about the sixteenth, or the twelfth, of a grain of the acetate or sulphate of morphia every two or three hours, or a proportionate quantity of the black drop. But in all cases, the antiphlogistic treatment prescribed above should be premised. In 1826 we were called upon to treat a very inveterate case of chronic gastritis, in a gentleman of delicate habit, who, after the application of cups three or four times over the epigastrium, and a confinement to a strictly regulated diet, was effectually relieved without any other internal medicine than a few grains of rhubarb occasionally, to keep the bowels open, and a sixth of a grain of opium, with a small quantity of ipecacuanha, four times a day. Dr. Stokes also speaks in very favorable terms of the acetate of morphia. He remarks, that he has used it with the most gratifying results, after leeching, regulating the diet, and paying proper

attention to the state of the bowels. He thinks it most serviceable when there is a copious secretion of acid from the stomach, when severe pain and acidity are the prominent symptoms. He directs the twelfth of a grain, made into a pill with crumb of bread, or conserve of roses, to be given at first twice a day, and gradually increased, until the patient takes from half a grain to a grain and a half in twenty-four hours.* Broussais suggests, that it will be better to use the remedy at first endermically; and it will sometimes be useful, when we have idiosyncrasy to contend with, to adopt this method, before we give it internally. He directs the fourth, or the half of a grain of opium, or the eighth of a grain of the acetate or the hydrochlorate of morphia, to be applied to a surface of the skin, of an inch or an inch and a half in diameter, previously denuded by a blister, or the ammoniacal pommade.

Nux vomica and its preparations, have long been held in high repute by the Germans in the treatment of various subacute and chronic affections of the mucous membrane of the alimentary canal. In a paper which we published in the American Journal of Medical Sciences for 1830, on the use of strychnine in paralysis, we remarked that we had found that article beneficial in the treatment of chronic irritation of the mucous membrane of the stomach and bowels, especially when the disease was attended with constipation. We have since that time used it more extensively in that class of affections, and in many instances where sufficient depletion and revulsion had preceded its employment, with a very happy effect. It has also been a good deal used by others within a few years, and a considerable mass of testimony has been collected in its favor. In a preceding number of this journal, we offered some observations relative to its use in dysentery and some other subacute inflammations of the mucous membrane, which amply prove its power in soothing irritation, and shew its adaptation to that class of cases which demand the employment of such remedies. In cases of chronic gastro-enteritis it has seemed to us to exercise a two-fold effect,—on the one hand, soothing irritation of the mucous membrane, and at the same time promoting the contraction of the muscular fibres of the canal.† Administered in doses of the twentieth or

* Op. cit. p. 9.

† The celebrated Schmidtmann remarks—"exempla cumulatim in præconium egregiæ virtutis anticardialgicæ nucis vomicæ adferre possem." Summa observat. med. Tom. 3. p. 214. Berol. 1826.

the sixteenth of a grain three or four times a day, when there is increased sensitiveness of the nerves of the stomach, with acid eructations, flatulence, and flying pains about the abdomen, it sometimes quiets the irritation, corrects the morbid secretions, and diminishes the gaseous accumulations in the stomach and intestines. We have, indeed, seen it somewhere remarked, that in those copious insipid, or sweet eructations, denominated pyrosis, it is almost a specific. The alcoholic extract of nux vomica, administered in doses of one fourth or one sixth of a grain, is equally beneficial in some cases of chronic irritation of the mucous membrane of the stomach. Dr. A. T. Thomson recommends the acetate of strychnine as the most eligible form for the administration of the article. Either of the preparations may be given, either alone, or combined with some of the other narcotics, but the remedy should never be employed until the antiphlogistic treatment has been pushed to a sufficient extent.

With the same object, and under similar circumstances, the prussic acid, stramonium, hyoscyamus, conium, lactucarium, &c. may be often employed with great advantage. Dr. Elliotson commends highly the first of these articles, and we have employed it with much benefit in several cases. He regards it as one of the best remedies for soothing morbid irritability of the stomach, and recommends it to be given, at first, in doses of one minim, three times a day, taking care not to give it on an empty stomach. It may be gradually increased to two, three, or more minims, carefully watching its effects.* In some cases, where there was such an excessive morbid sensitiveness of the stomach, that the mildest articles of food and drink could not be taken without occasioning pain, we have seen the irritation and discomfort of the organ effectually subdued in a few days, by the prussic acid. Dr. Elliotson, however, thinks, that when the pain is of that kind denominated gastrodynia, stramonium is a more efficacious remedy. It may, indeed, be employed in all cases, where this class of remedies is indicated, and has this advantage, that it does not constipate the bowels. A fourth of a grain of the extract may be given four or five times a day, subject to the restrictions which have been already laid down. The extract of hyoscyamus in doses of half a grain, or a grain, is also a valuable remedy under the same circumstances; and conium

* London Medical Gazette, vol. xii. p. 664. 1833.

may also prove useful, but we have seldom seen it produce much benefit. So large a dose is generally necessary, that it is apt to offend the stomach, and do more harm than good. We have employed, with a good effect, a tincture of the leaves of the prunus laurocerasus, in some cases of a morbidly irritable state of the stomach following chronic gastritis. The tincture we used was prepared from the fresh leaves, and was administered in doses of twenty or thirty drops. The distilled water is doubtless a better preparation, but as the leaves cannot be easily procured in this country, it is seldom kept by our apothecaries. An emulsion of bitter almonds, of the strength of four drachms to eight ounces of water, may be employed for the same purpose. Half an ounce, or an ounce of this emulsion may be given at a dose, and repeated every three or four hours. We have also seen the volatile oil of chamomile, in doses of five or six drops, prove serviceable in allaying morbid irritability of the stomach, especially when existing under the form of gastrodynia or cardialgia.

As we are not treating of the various forms of dyspepsia which depend upon other causes than chronic inflammation of the stomach, we shall not enumerate a long list of tonics, which are for the most part only applicable to those forms of the disease. But, as previously suggested, there is a period even in chronic gastritis, in which they are demanded, and when used with proper judgment and discrimination, they not unfrequently prove highly useful. It must be constantly borne in mind, however, that the object for which they are employed, is to merely invigorate the physiological acts of the diseased tissue, and not to excite a strong impression. They must be given in very small doses, to be repeated as circumstances may require. We should always commence with the mildest, and only resort to those of more active powers after we have ascertained that they can be administered with safety. An infusion of cascarilla, which is pleasantly aromatic, generally agrees well with the stomach, and from it we may pass through the ordinary routine of vegetable bitters. When an article of decided powers is required, the sulphate of quinine should be preferred. But it ought not to be given in larger doses than a fourth or half a grain. Of the mineral tonics, we know of none so efficacious in this class of cases as the hydriodate of iron. Ten or twelve drops of the liquor, hydroid. ferri, may be given three or four times a day. Where a gastralgic condition exists, the prussiate

of iron, in doses of fifteen grains, is a valuable remedy; it may be advantageously associated with sulphate of quinine. A similar remark may be made of the oxide of zinc, which we have employed in five or ten grain doses, in combination with a grain of extract hyoscyamus. The subnitrate of bismuth has been more highly commended in stomach affections than any of these remedies; but while some have considered it almost in the light of a specific, others maintain that it is entirely inert, or, at best, that it possesses such feeble powers as to entitle it to but little confidence. Odier, of Geneva, who first introduced the remedy to notice, employed it in a great variety of chronic diseases, and reported very favorably of its virtues. It was afterwards commended by many practitioners in various morbid states of the stomach, but more especially, in gastrodynia, pyrosis, &c. It has been represented to possess the faculty of quieting the pain with great promptitude, and soothing down the nervous erethism of the stomach more effectually than can be done even by the ordinary anodynes. Confidence in its virtues has, notwithstanding, very much abated; yet there are many who still think it a valuable remedy. Dr. Stokes remarks, that he has seen more benefit from it than any other remedy, after proper antiphlogistic treatment has been instituted. Trousseau, who has recently made it the subject of extensive experiments, in the hospitals of the French metropolis, has arrived at conclusions, which if fairly deduced, would entitle it to be ranked amongst the most valuable of the remedies for chronic diseases. We greatly fear, however, that he has been deceived. We will not go so far as Ratier, as to affirm that it is inert; yet from what we have seen of its effects, we are constrained to confess, that we have not seen it more beneficial than the same quantity of prepared chalk. It may be given in doses of ten or fifteen grains, three or four times a day.

Amongst these remedies may be enumerated the extract of taraxicum, which certainly possesses some virtues in chronic affections of the stomach. Half a drachm of the fresh extract should be diffused in an ounce and a half of mint water, and taken as a draught, twice or thrice a day.

Galvanism will sometimes be useful in very protracted cases, after the irritation has been sufficiently subdued. The best method of employing it is by Mansford's plates, a description of which will be found in the first number of this Journal, p. 75.

But after all, the best tonic will be found in a gradual improvement of the diet, in proportion as the force of the disease is subdued, and the stomach regains its powers. If tonics and stimulants be employed before antiphlogistics have produced the proper effect, they, as well as a too generous diet, will be mischievous; and after the affection of the organ has been subdued, they will not often be necessary. The great difficulty is to decide, when the antiphlogistic treatment should be abandoned, and the invigorating plan substituted. Many errors are committed upon this point, and the frequent want of success in such cases, depends upon an exclusive adoption of the one or the other course.

It will not be necessary to insist upon the advantages of exercise, change of scene, mineral waters, amusement of the mind, &c. Volumes exist on these subjects, and we have nothing additional to offer. We would only remark, that the chief mischief of travel, and the use of mineral waters, is, that they are often enjoined, before the system has been properly prepared by antiphlogistic treatment.

ART. IV. *Observations on the treatment of Burns, with Yellow Wash, (Aqua Phagædenica.)* By F. B. E. HINTZE, M.D. of Baltimore.

BURNS and scalds are accidents of every day occurrence, and often give rise to the most painful results. Having found in the course of my experience, that the cold applications recommended by Sir James Earle, and the stimulating ointment of Kentish, as well as the oleaginous prescriptions commended by Mr. B. Bell and others, tended rather to retard than promote recovery, I was induced to adopt a different mode of practice in cases which I was subsequently called upon to treat. In this I was influenced by the result of my observations in the management of the chronic ulcers which succeed burns; for having been called upon to treat several chronic ulcers of this kind, I was induced, after using ineffectually the usual unctious applications, to apply yellow wash, powdered rhubarb and dry lint. This treatment had the same happy effect upon these ulcers that it is known to exercise upon those which arise from other

causes. I had besides been long convinced of the frequent inefficacy of salves and other unctuous applications to promote healthy granulations, and having found nothing so successful in diminishing morbid sensibility as the wash in question, I have been for some time in the habit of applying it in all cases of cuticular abrasion, and after the proper adjustment of the parts, to contused and lacerated wounds; the great benefit which I obtained from it in such cases induced me to employ it in recent burns.

The following are a few of the cases of this kind in which I have employed the yellow wash:

Case I. Miss Mary F——, residing in Market space, had scalded her foot about four weeks previous to her application to me, and had employed lime-water liniment, and Judkin's ointment. Ulcers superficial and much inflamed; directed her to wet the part with yellow wash, to sprinkle it with powdered rhubarb, and keep it covered with dry lint.

Next day, the dressings adhered to the surface of the sore. I did not disturb them, but directed the lint to be wet sparingly, once a day, with the yellow wash.

4th day. The lint separated, when the ulcer was found to have cicatrized.

Cases II and III. Mrs. Elizabeth, wife of Mr. John A——, residing in Hillen, near Front-st. O. T., while heating some spirits of camphor in an open vessel, accidentally suffered it to catch fire, and had the flames communicated to her clothes. Her husband at work in his shirt sleeves in a shop attached to the house, was attracted by her shrieks, and in his effort to extinguish her clothes, had both his hands and arms burnt severely. Unctuous applications had been made to the wife before my arrival; but as nothing had as yet been done for Mr. A., I proposed to him the yellow wash, rhubarb and dry lint; which were accordingly applied. This was the first recent case in which I employed these remedies. The pain soon ceased, and in less than ten days he was enabled to resume the use of his hammer and anvil.

Mrs. A's peculiar condition and extensive injury, prevented me from insisting upon a change of the treatment which the united voice of her friends approved. The treatment of her husband being moreover rather experimental, if it had been instituted in her case against the approbation of her friends,

any untoward occurrence which might have taken place would have been ascribed to the unusual means employed.

Mrs. A. was in the eighth month of gestation. The skin, and in many places the cellular tissue, of both the lower extremities, the nates, pubis, groins, abdomen and thorax was almost wholly destroyed. Hence I contented myself with controlling irritation by internal means, leaving the local treatment to her female friends. But after the husband had been at work some days, and the usual unctuous applications had been ineffectually employed, the patient and her attendants became weary of the stationary condition of her injuries, and suggested the use of the means employed in Mr. A's case. Having assumed the treatment, I directed the parts to be covered with poultices of boiled starch at a moderate temperature, with the view of promoting the detachment of the numerous sloughs. As she had suffered much from exhausting irritation, cordial tonics and generous diet were prescribed. This treatment speedily brought her system into a favorable condition for the use of the local remedies. The yellow wash, powdered rhubarb and dry lint were applied, and in about four days the superficial excoriations disappeared. In thirteen days more the deepest ulcers cicatrized. Before her accouchment she was enabled to resume her domestice avotions, and at the full period, was delivered of a vigorous child.

Case IV. James, son of Mrs. C. residing in East Water street near Market space, aged 3 years, who had his breast, abdomen and thighs scalded, by the overturning of a large boiler, filled with boiling coffee, entirely recovered in twelve days under the use of the same dressings.

Case V. Joseph R. infant, brother-in-law of the writer, was scalded by the overturning of a coffee pot. In this case the right arm only suffered, but the whole cuticle was removed with the clothes. It was nevertheless completely cicatrized in five days.

Case VI. T. R. a workman at Messrs. Watchman & Bratt's foundry, while carrying a bucket of fused copper from the furnace to the mould, fell into a hole which had been carelessly covered. The hole being large enough to receive his body, the liquid metal was precipitated upon his head, breast and arms. The burn was nevertheless healed by the dressings mentioned above, in about ten days.

Cases VII and VIII. Mrs. E. R. and her daughter Elizabeth, residing at North Point, attempting to obtain fire by flashing a gun, the fire communicated to a horn containing about half a pound of gunpowder, by the explosion of which Mrs. R. had both her hands and fore-arms literally crisped, besides being severely contused by fragments of the horn. Her daughter's breast, face, and arms were equally injured. On my arrival (a distance of fifteen miles) I found, as is usual in such cases, the parts covered with oil, &c. These I promptly removed, and after extracting as many particles of the powder as possible, I directed for the removal of the rest the application of tepid starch poultices. Next day I prescribed the yellow wash, powdered rhubarb, and dry lint. As was to be anticipated, much sloughing took place, to promote the separation of which, such emollients were employed as I shall presently enumerate. After the detachment of the sloughs, the wash, &c. were resumed, and a cure of both cases was accomplished in about fourteen days. The only inconvenience that remained was a disposition to permanent flexion of the fingers, which was obviated by the use of an extending splint and roller.

I shall forbear from an enumeration of any additional cases, and conclude with a few general directions for the use of the means I have recommended. When called to a case of recent burn, I remove all the vesicles with scissors. I then apply the yellow wash with a soft feather, or a camel's hair pencil, over the whole surface, and dust the part with finely powdered Turkey rhubarb. Over this I apply soft patent lint cut into small slips to accommodate them to the part. This is the only local treatment necessary, and if there should be any indication for constitutional remedies, the means proper in such cases must be employed. Should additional vesicles make their appearance, they must be promptly removed, as the accumulation and detention of an undue quantity of fluid within them, tends to retard the healing process. Where the lint adheres, it should not be disturbed, but any pieces which may become loose may be separated with forceps or scissors. The part should again be wet with the wash, dusted with the powder as before, and covered with fresh lint. The adherent lint should also be moistened with the wash. This process should be repeated at least once or twice a day. Should a sense of tension with more or less thickening invade the part, which generally

indicate the incipient separation of a slough, this process should be promoted by emollient poultices, composed of boiled starch, slippery elm, or bread and milk. As soon as the slough has separated the former remedies are to be renewed. All ablutions with soap and water, &c. are inadmissible, as all oily and fatty applications tend to destroy granulations in their forming stage. If the purulent secretion should be too profuse, it may be gently removed with dry lint or soft old linen.

The wash which I employ in recent cases, is composed of one grain of corrosive sublimate to an ounce of lime water. In chronic ulcers, I use it of the strength of one and a fourth grains to the ounce.

Baltimore, December 29th, 1834.

ART. V. *Some account of an Idiosyncrasy, with remarks.* By JOHN B. MCDOWELL, M.D., of Baltimore.

THOSE diseases which are familiarly designated by the term convulsions, present many features of a remarkable character, and such affections often assume forms well calculated to arrest the attention of the student of pathology. They are not unfrequently so menacing in their aspects, as to call for the utmost promptitude and skill of the physician; many of them, however, are only seemingly fearful, and readily succumb to the triumphs of our art. Recent views, with regard to the nervous system, have conduced in a high degree to the solution of the pathology of many affections hitherto veiled in obscurity, and we will not be deemed over-sanguine and visionary, when we express the anticipation that investigations yet untried will unravel, in beautiful simplicity, the operations of those parts of the human organism which are not now within the grasp of our ken.

We are about to give a brief account of a most singular constitutional peculiarity, with reference to the operation of venesection. We have personal knowledge of the case, and have painfully witnessed the development of the phenomena in the individual, during several operations of venesection. Sometimes the insignia of the affection are manifested very soon after the ligature is adjusted, preliminary to bleeding, and occasionally not until the operation is over.

When this patient is bled in the arm, the idiosyncrasy evinces

itself in a very few seconds after the adjustment of the bandage; when in the foot, this is not the case. The last time that bleeding was instituted in this patient, the operation was done in the foot, and the train of features characterizing the idiosyncrasy did not appear until venesection had been gone through with, when, however, the phenomena were evolved in a distressing degree. Spasms supervened, or they might rather be denominated tonic convulsions, as the contractions continued for a considerable length of time, and no alternate cessations of the spastic rigidity occurred. The development of the peculiarities commences ordinarily with a tingling sensation in the tips of the fingers, which sensation speedily travels up the arms, until they experience that feeling which we describe when we say the arm is asleep; this numbness of the superior extremities is soon succeeded by an absence of sensation in those parts; the inferior limbs are quickly sharers of the same state of things, the abdominal muscles are next involved, and lastly the muscles of the face; the patient meanwhile suffers no acute pain, there is no cerebral perturbation, indeed the sensorium commune is unaffected, with the exception of a false perception, which is produced while the symptoms are being dissipated, and when the patient begins to experience relief. There is an idea of a double thumb, one thumb upon the dorsum of the other, and powerfully compressed, as it were in a vice. We have called this a false perception, we ought rather perhaps to have named it a wrong sensation, not an illusory sensation, for the mind of the patient is not even momentarily imposed upon by it. The contractions, while their violence lasts, obtund all feeling in the parts which are the intimate seats of the spastic rigidity, the superior extremities remain sore for days after the distressing symptoms have gone off, and the tenderness is so definitely located, as to enable the patient to refer it essentially to the flexors.

The short detail which we have given, constitutes an accurate picture of what happens to this patient after every venesection. As the symptoms were so much longer than usual, in showing themselves, after the foot venesection, we flattered ourselves with the prospect of an escape, but not many moments elapsed, ere the accustomed premonition, the tingling sensation at the extremities of the fingers, announced the approach of the unwelcome and agonizing phenomena. How shall we venture

to explain our case? It might seem that the symptoms which we have expressed can be explained upon the principle of a sudden interruption to the transit of nervous influence, or nervous fluid. Undue pressure upon the nerves of the part embraced by the ligature, is probably the proximate cause; the functions of those nerves are temporarily impaired, this lesion of function is transmitted to the great encephalic centre, and, by a reflex excitation, is radiated to the general nervous system, and the muscular system is thereby secondarily thrown into the disarray above described. This appears to us the most satisfactory solution of the physiological problem in question, which we are able to project.

We are not unwilling to admit that there are difficulties in the way of this explanation; for instance, pressure is made upon the brachial nerves of hundreds and thousands of individuals in whom occur none of the phenomena peculiar to the case which we have described.

But organization is infinitely diversified, and like agents, do not invariably induce like conditions of things when applied to all constitutions.

We know a lady who can at will produce symptoms of catarrh by simply smelling a rose. If she applies the flower a few times within the sphere of her olfactories, she inevitably contracts, what we call in homely phrase, a cold in the head, and suffers for some time "in aromatic pain," much incommoded by the odorous exhalations of a flower—the favorite of so many, and whose fragrance is so alluring to most of us.

A peculiarly constituted nervous system doubtless gives rise, in the case just mentioned, to the anomalous impressions made by the perfume of a rose, and a singularly modified nervous arrangement as probably renders the patient, whose idiosyncrasy with regard to venesection we have detailed, alive to the remarkable sensations produced, upon the application of the bandage, prior to venesection, sometimes prior to it, sometimes consequent upon it, being manifested differently as to time, owing, in all probability, to the different grades of nervous impressibility at different times.

Mental apprehension, as we have already said, has nothing to do with the case, as the operation of venesection is one not by any means dreaded by the patient. The first disagreeable feeling recognized by him is a purely physical one, the peculiar sensa-

tion on the ends of the fingers. We submit the above case, with our brief and imperfect remarks upon it, to the consideration of the profession, hoping that other gentlemen, if they have met with similar cases, will report them, and accompany their reports with a better explanation than we have been able to give.

Baltimore, January 3d, 1835.

ART. VI. *Report of some Anatomical Anomalies.* By WM. N. BAKER, M.D. Lecturer on Anatomy and Surgery, Balt.

IN the course of the dissections prosecuted at my anatomical rooms during the present winter, we met with several anomalies somewhat extraordinary, in the muscular system. Upon removing the external oblique muscle, a beautiful and well defined muscle, of a riband shape, and much resembling the sterno-hyoideus, was seen taking its origin from the tip of the eleventh rib, and stretching downwards and forwards, in a direction less oblique than that of the external oblique, to a fleshy insertion, on the crest of the ilium, about an inch and a half behind the anterior superior spinous process.

This anomalous muscle had a distinct aponeurotic sheath, which, with the peculiar direction of its fibres, puts to flight the idea, that it was the creation of the dissector's knife. Upon the opposite side, this muscle started from the same origin, but its fibres were lost just before it reached its insertion, in the tendinous expansion of the external oblique, destined to the anterior superior spine and the commencement of Poupart's ligament. A singular fatality seems to hang over anomalies. It has, no doubt, been remarked by all dissectors, that the same anomaly is often observed in quick succession. So it happened in this instance, and this musculus additamentum to the external oblique, which I have neither seen nor heard of before, was found in the very next subject brought into the rooms. It was not, however, so well defined in this as in the previous instance.

We found, also, in another subject, about the same time, instead of a "biceps flexor cubiti," a "quadriceps flexor." It had, beside the usual heads from the coracoid process and the superior margin of the glenoid cavity, an additional head from the coracoid process, which left the biceps in the superior third of

the arm, to be inserted alongside of the coraco-brachialis; and just below this point, another head took its origin by the side of the brachialis internus, which completely losing itself in the biceps—the whole went down to its usual insertion in the brachial aponeurosis and the tubercle of the radius.

In another subject which came into the rooms, the gall-bladder was absent. From the puckered appearance of the liver surrounding this point, I imagine it was destroyed by an abscess. The depression in the liver looked like a cicatrix. As soon as I can procure a history of this man, I will communicate it for the Journal. He was loaded with fat in every part.

Presuming that a description of these singular evidences of nature's waywardness, might be interesting to others pursuing the science of anatomy, I have communicated it for publication.

Baltimore, January 21st, 1835.

ART. VII. *Case of Pilous transformation of the ovarium.*

OUR young friend, Mr. Ross Pierce, presented us, a few days since, a specimen of diseased ovarium, obtained from the body of a female which he was engaged in dissecting. The tumor was somewhat oval in shape, and about the size of a common lemon. The proper fibrous cyst of the ovarium was considerably thickened, and presented the appearance of a kind of cyst or capsule, which was completely filled by a peculiar grayish colored matter of the consistence of very thick pap. This morbid product occupied the whole tumor, and imparted an unctuous or saponacious feel to the finger. Disseminated through it, there were numerous stout black hairs, dispersed without any regularity, and not implanted upon the walls of the capsule.

These singular pathological transformations in the ovaria are of frequent occurrence, and we have already had occasion, in the third number of this Journal, to make some observations on the development of bones and teeth within these organs.

EDITOR.

346

SELECTED PAPERS.

Lecture on the Pathology of Fevers.—Idiopethic or Essential.—Sympathetic or Symptomatic. By William Stokes, M.D.

Gentlemen:—There is no disease about which so much has been written as fever, or one concerning which there is such a diversity of opinions. The graphic and natural description of this class of diseases given by Hippocrates has, in no instance, been overturned by subsequent writers. He was an accurate observer of nature, while his successors were engaged in a fruitless attempt to discover the proximate cause of fever; and though various theories were advanced, there was no more light thrown upon the subject by Cullen and Brown, than by the father of our art. All failed, because they invariably reversed the Baconian mode of investigation; they did not collect, observe, and arrange facts; but they fabricated theories, and endeavoured to make the phenomena of diseases accord with them. Hence all their disciples were in truth more ignorant of the nature of fever than those of Hippocrates, who lived more than 2,000 years before them. All the moderns failed because they attempted to discover first causes, which in all probability will ever remain beyond the cognizance of human intelligence.

Cullen supposed fever was caused by spasm of the extreme vessels, and his opponent Brown, by asthenia of the whole body, but neither explained the real cause of the disease.

A new era led pathologists to observe the phenomena and examine the morbid changes produced by fever, and the results have been the most successful. The French pathologists were the first to pursue this method, which they had previously employed in other diseases, and though they have not discovered the proximate cause, they have illumined the minds of the profession by contrasting the symptoms and morbid changes resulting from fever.

They overturned the general opinion on the nature of fever, by the following conclusions First, That fever without local disease is of very rare occurrence. Second, That fever is generally complicated with local diseases, and rarely exists without it. Third, That every system and organ of the body may be, and frequently is, diseased during fever, and that in the vast majority of fatal cases, death is caused by inflammation of one or several organs.

Now, the theorists define fever to be a general disease of the body, without any local affections, as you will find in Cullen's definition; but this is now considered the exception to the rule. The truth is, that we very rarely see fever without some local inflammation, though I grant there are some rare examples. We can now understand the immense variety of symptoms of fever which depend on the number or site of local inflammations.

It is but justice to observe, that the description of fever given by Dr. Fordyce is extremely comprehensive and correct, though not founded on the basis of morbid anatomy. His words are these:—"Fever is a disease which affects the whole system, it affects the head, trunk, and extremities, the circulation, absorption, and the nervous system is also affected by it; it affects the skin, fibre, muscles, membranes, in fact it affects the body and mind, and is therefore a disease of the whole system in the fullest sense of the word. It does not however," says he, "affect the various parts of the system uniformly and equally, but on the contrary sometimes one part is more affected than another." Nothing could be more accurate than this description, as it admits that the whole system is disordered in fever, but that one of the organs may be more affected than the other. We have for example, brain, nervous, bilious, gastric, catarrhal, rheumatic, in other words there is fever with diseases of the brain or nerves, liver, lungs, bowels, joints, &c. When we are speaking of these fevers, we mean such diseases as Dr. Fordyce defines, in which some particular organ or system is more affected than the rest. This must always be the case on account of predisposition; one person is predisposed to disease of the brain, another of the chest, bowels, &c., so that if you go into the fever wards of an hospital, you will find one patient whose brain is chiefly affected, another whose lungs, liver, bowels, &c.; in fact you will rarely or ever see two patients similarly affected, unless in the very rare examples of idiopathic fever.

We know too that similar exciting causes will produce different forms of fever in different individuals. Indeed nothing is more common than to find the same lesion causing synoncha in one patient and typhus in another. This leads to the conclusion that Cullen's classification of fevers into synoncha, synonchus, and typhus, has no foundation in nature. The symptoms of each of these pass into the other; we find synoncha to-day, synonchus to-morrow, and typhus the following day. This dogmatism has been the destruction of thousands of our fellow-beings. According to modern pathology there are two classes of fevers: those which are primary, idiopathic, or essential, in which the whole system, both fluids and solids, are affected; this class is very generally succeeded during their course by local inflammation. Secondly, Symptomatic fevers, which are preceded by a local inflammation. I shall give you an example of each class.

A person is exposed to the contagion of typhus; he complains of nausea, rigors, bad digestion, weakness, and lowness of spirits; his skin becomes hot, his pulse frequent, and all the symptoms of fever set in. As the disease advances, he is seized with one or more inflammations. Another man is exposed to cold, or receives an injury on the chest or abdomen; he is seized with inflammation of the chest or bowels, and this is succeeded by fever. In the first case, if the local inflammation is removed, the fever continues its course; but in the second, when the local disease is removed the fever ceases.

I intend to direct your attention to-day to the first class, and to examine that morbid state of the system in which local disease appears during the fever; that is, those cases in which local inflammation supervenes on fever.

It is now ascertained beyond doubt that the majority of persons die of fever in consequence of some local inflammation of the brain, the lungs, or digestive organs. These you know are sufficient to destroy life as idiopathic diseases, if there was no fever at all. Another fundamental principle is, that primary fevers may terminate spontaneously, though we cannot account for this fact. Thus, a patient will have his three fits in ague, but when the last is over he is free from his disease for one, two, or three days. The eruptive fevers, as small-pox, measles, and scarlatina have different stages, and terminate in most cases spontaneously. Continued fevers end in this manner on certain days.

These facts lead us to conclude that we have first to detect, treat, and remove the local inflammation; and secondly, that as the disease may terminate spontaneously, we should support the strength, to prevent exhaustion in a protracted disease, and preserve the chance of a spontaneous and critical termination. These indications, though apparently opposite, are not so in reality. They vary according to circumstances—the seat or violence of local disease—the stage or duration of the attack; the age, sex, and constitution of the individual will guide you in the use of one plan or the other. Now gentlemen, the disciples of Brown considered fever a disease of debility in all its course, and exhibited stimulants freely; but they did not know that neglected local inflammation could produce and continue debility. The followers of Broussais, on the contrary, consider every fever symptomatic of inflammation, and think depletion the grand remedy. Both are wrong, and the truth lies between them.

We must combat local inflammation whenever it exists, but so soon as it is subdued, we must support the strength of the patient. The Broussaists contend, however, that there is no essential fever, all are symptomatic, and if we remove the local inflammation, we effect a cure. This doctrine is fallacious, and may be easily disproved.

The experiments of MM. Gaspard and Magendie prove that the phe-

nomena of typhus, and the consequent local inflammations, may be induced in animals by injecting putrid substances into their veins, or applying them to wounds. It would be absurd to say, in these instances, that the local inflammations and ulcerations of the intestines had existed before the experiments, as the animals were previously in health. We cannot arrive at any other conclusion, but that the putrid substances were the cause of the fever and morbid appearances. We observe the same thing in exanthematous diseases. A child is exposed to the contagion of small-pox, measles, or scarlatina—suppose the first. In a few days it is seized with fever, and then an eruption succeeds. In this example you observe that the local disease was consequent to the fever. It would be as correct to argue that the pustules were the cause of the fever in this case, or that the ulceration of the bowels was the cause in the other: the eruption succeeded the fever, and so do the inflammations in typhus. The preceding facts show that the introduction of putrid matter into the body of an animal will produce fever, inflammation, and ulceration of the mucous membrane of the bowels: that the eruption is secondary in small-pox, and succeeds the introduction of contagion, and it is, therefore, equally evident that local inflammation in the head, chest, or abdomen may arise during the progress of fever. We hold, then, that local lesions may succeed fever.

Now, were typhus symptomatic of local lesion, it should follow that there would be a constant relation between the symptoms and the morbid appearances; but this is by no means the case. We should have such a relation as subsists between the fever of pneumonia, and the necroscopic appearances. Now, two patients may have nearly the same symptoms in typhus, but on dissection there will be found inflammation of the intestines in one, and no morbid appearances in the other. Here then is an uniformity of symptoms and morbid appearances. We also observe several patients whose symptoms are dissimilar, but whose morbid appearances are the same. In fine, if fever depends on local inflammation, it could be always cured by removing the cause. But this is not invariably the case, though it may sometimes happen. Now, if it be granted that local lesions are secondary, then it follows, that by removing them we cure the fever. Such are the arguments against the doctrine that all fevers are symptomatic of local inflammation, and I think they are in accordance with modern pathology. Nevertheless, the occurrence of local inflammations in fever forms the rule, and their absence the exception. They cause death in a great majority of cases, and in two ways. First, as in the case of idiopathic inflammation. A patient laboring under fever, who has inflammation of the lungs or bowels, may be as readily destroyed as if either inflammation was idiopathic. They may also destroy life by preventing the efforts of nature towards a cure. I have already informed you that there is a strong ten-

dency in fever to cease spontaneously on a certain day; but this is prevented by the existence of local inflammation. There is another circumstance worthy of careful consideration: it is this, that idiopathic inflammations, as enteritis, pneumonia, &c., re-act on the system; so do the symptomatic also. In almost all cases of fever, there are essential and sympathetic symptoms: the first, arising from the primary causes; the second, from the local inflammations which succeed it. This reaction of local disease prevents the critical termination of fever. I shall give you an illustration. In ague there is seldom any local disease at first, and the complaint is easily relieved. But when it continues for a long time, there is a great tendency to local inflammation or congestion, and the spontaneous or critical termination is prevented. These facts are highly important in the treatment of fever. They enable us to form correct indications of treatment. They direct us to examine the condition of the viscera, and if we discover local inflammation, to remove it. When we accomplish this, the fever ceases. We prevent the direct danger of death, and we remove the impediment to the critical termination of the fever. We give nature assistance to effect her object. Our treatment also prevents the occurrence of new local lesions.

Now, the disciples of Broussais fall into an error when they maintain that all fevers are symptomatic of local disease, and that by removing this, the fever ceases. The explanation of the *ratio medendi* I have just given, and the arguments already adduced disprove this doctrine. The preceding views on the pathology of fever are deduced from the most careful and accurate deduction, arrived at after an extensive observation on the phenomena and morbid appearances. They confirm the long received opinion, that fever, in its commencement, cannot be referred to any particular organ, that it presents certain phenomena varying as to the cause, localization, effects, duration, &c. The humoralists and solidists are equally wrong; both fluids and solids are diseased. We learn this important lesson, that fever may excite disease in all parts of the body, and will require different modes of treatment. The man who would employ the lancet, leeches, &c., or he who would employ stimulants or diaphoretics exclusively in every case, knows nothing of fever, and is a most dangerous practitioner. He is a child in knowledge.

REVIEWS.

Admonere voluimus, non mordere.——
Sunt bona; sunt quædam mediocria, sunt mala plura.

Clinical Lectures in the Manchester Royal Infirmary. By EDWARD CARBUTT, M.D. Nullius addictus jurare in verba magistri. HOR.— Lond. 1834, 8vo. p.p. 407.

THIS is incontestably the very worst production to which the modern rage for publishing lectures has given birth. We cannot, indeed, divine any cause for its appearance, except the gratification of the author's self-complacency, which seems to be unbounded. Notwithstanding his motto, he obviously wishes to have it considered, that he sails under the banner of Broussais; yet his remarks are precisely of such a character as to do the cause much harm. Gastro-enteritis is with him every thing, and every thing is gastro-enteritis. This, indeed, appears to be about the limit of his powers. He is neither physiologist nor pathologist; and almost every page contains some puerility or inanity, which does violence to the feelings of the reader.

To prove that this severity of criticism is not misapplied, we shall give, in the author's own words, some of his physiological, pathological, and other doctrines.

The following is his notion of phthisis pulmonalis:—

"Gastro-enteritis accompanies, or fatally terminates some diseases, as is seen in patients who die of phthisis, who are almost always carried off by a colliquative diarrhœa,* and who, upon being examined after death, are found to have had the mucous membrane of the alimentary canal inflamed and ulcerated. I am inclined to think that in these cases, the gastro-enteritis is the primary disease, and that it gives rise to the phthisis somewhat in this manner. You know that gastro-enteritis is a very insidious, obscure, and lurking disease: well, we will suppose a patient with delicate and irritable lungs to labor under an unsuspected gastro-enteritis for several months; this produces cough, in the manner explained, at page 15." (We shall refer to this presently.) "This cough irritates the lungs, produces increased expectoration, inflammation, tubercles, and abscesses; in short, phthisis. This disease attracts the attention, the gastro-enteritis is quite overlooked until the colliquative diarrhea comes on, and even then the patient is said to have died of phthisis with diar-

*The author has his own mode of spelling various technical terms. Diarrhœa is generally written by him Diarrhea, or Diarrhæa, rarely, if ever, correctly:—fæces is always feces; dyspnœa, dyspnea, &c. &c.

rhea, the existence of gastro-enteritis being never suspected from the beginning to the end."—p. 25.

But the reader will be anxious to learn how the gastro-enteritis produces cough:—

"The cause of the cough, which I have mentioned, is, no doubt, the irritation of the extremities of the eighth pair of nerves, which supplies the stomach as well as the lungs:—*the which* irritation being conveyed to the brain, *the brain makes a kind of mistake*, and, receiving the same impression as if the irritation came from the lungs, uses an instinctive effort to remove the cause of irritation from the lungs by exciting the act of coughing."—p. 15.

So that all the phenomena of phthisis are produced by "a kind of mistake of the brain;" for it is the cough—be it observed—which irritates the lungs, and developes all the symptoms of phthisis! We agree with the author, that this is "a kind of mistake" of the brain, but not, we think, of the brain of the patient.

Again,—"You must have observed, or at least you have been told, that inflammation of one extremity of any canal in the human body excites either *inflammation*, or *irritation*, or *violent action*, or, at any rate, *increased action*, at the other extremity."—p. 85.

Without attempting to comprehend the precise pathological difference between the various terms, which we have italicized, we may merely observe, that we fully calculated after the law had been so categorically laid down, that Dr. CARBUTT would have given us some examples in confirmation of it:—such, for example, as that if "inflammation," or "irritation," or "violent action," or "increased action," occurred in the mucous membrane of the nose or mouth, it would be necessary to scratch or to apply our remedies at the nether extremity, and conversely: but instead of these, he gives us cases in which the cause of irritation was *not* seated at one extremity of a mucous membrane, and which are, consequently, in no wise illustrative of his position.

"Thus," says he, "snuff taken by a person not accustomed to it excites a flow of tears; meat in the mouth, or even the fumes of tobacco taken into the mouth, excites a flow of saliva,"—"the presence of worms in the intestines generally causes an intolerable itching at the nose,"—"if you irritate the pharynx and fauces, by placing the finger at the back of the mouth, you will produce vomiting: the *act of vomiting itself will frequently bring on an immediate evacuation from the rectum.*" (Can the author intend this last as an example in proof of his position?) &c. &c.

We presume, that what Dr. Carbutt meant to convey, was—that an irritation may exist in some part of a mucous membrane; that such irritation may not be indicated by any signs in the part irritated, and yet that it may be felt at the extremity of the membrane, and especially where it commingles with the skin. This is the only position that can be maintained, and charity would induce us to presume, that the author meant no

more. It must, however, in candor be stated, that our presumption is founded rather on charity than on evidence.

The author's mode of accounting for the production of what he considers contagious gastro-enteritis:—

"If you ask me, how could the contagious matter produce inflammation of the stomach and duodenum, I answer, that it, in all probability, mixed with the saliva in his mouth and was swallowed: in the same manner as *we know* that the contagion of smallpox, taken without inoculation, produces inflammation of the stomach, the usual premonitory symptom of smallpox."—p. 90.

From this it would appear, that, in the author's opinion, we *know* that contagious—and we presume other varieties of miasmata—produce their action immediately on the stomach and intestines, by being swallowed with the saliva,—which is neither demonstrated nor probable. It is far more consistent with facts and arguments to infer, that the miasmata are taken into the air passages with the air of inspiration, and that gastro-enteritis, when it exists, is an *indirect* consequence of their reception into the system.

The following fact, mentioned by Dr. Carbutt, is analogous to many met with in this and other countries. It strikingly shews how little we know of the terrestrial conditions, that generate the malaria, which produces intermittent and other diseases.

"I have to remark to you, that in the memory of the oldest medical practitioner living, and as far back as tradition can reach, there never was an ague caught in Manchester, nor within a considerable number of miles of it. This fact is rather remarkable, as you know we lie upon four rivers, and one or two considerable brooks, besides being surrounded and traversed by canals innumerable. But, do we never see the ague then in Manchester? O, yes; we see plenty of it. The poor Irish, who go in the autumn of the year to assist at the harvest in Holderness, Lincolnshire, Cambridgeshire, Essex, and other places, come, many of them, to winter in Manchester, and the first east wind that blows in February or March, brings out the first paroxysm of that ague which they had caught in the autumn, but which had lain undeveloped and unsuspected in the system until aroused by such weather as we generally have in February and March."—p. 193.

The action of cinchona in arresting an intermittent is original with Dr. Carbutt, and we wish to record the discovery in the pages of this Journal, in order to prevent any future caviling as to priority.

"You know, gentlemen, that *the specific* (?) for the ague is the cinchona bark, or the sulphate of quinine. They act by producing a glow of *heat* in the system, which counteracts the periodic *cold*, which is the precursor of a regular fit of which the cold is the first stage, and which cold stage is followed by a hot stage and a sweating stage."

We think we are justified in awarding the palm of discovery to Dr. Carbutt, unless, indeed, the members of a bold, aspiring and self-sufficient band of empirics, now gulling numbers of the unreflecting inhabitants of the United States, should claim the honor for their great founder.

The author's explanation of the pathology of chorea is not less unique than the mode in which he explains the production of cough by a gastro-enteritis.

"With regard to the seat and nature of chorea, that is to say, its proximate cause, much has been said and written, with which I do not intend to trouble you; but I will lay before you my own ideas on the subject. The commencement of chorea I believe to be an irritation produced in the intestines, either by the presence of accumulated feces, or by the presence of worms. This irritation is conveyed to the brain, and produces uneasiness there. The brain makes an instinctive effort to get rid of this uneasiness; but, having no power over the involuntary muscles of the intestines, it excites disorderly motions in the only muscles over which it has power, the voluntary."—p. 229.

Under the head of Painter's Colic we are told, that the *remote cause* is the taking of the "oxydes or salts of lead" into the system. Now we, in our ignorance, had always regarded lead as the *immediate, exciting* or *occasional cause.* Dr. Carbutt's whole explanation of the pathology of this affection is, we think, eminently faulty. Instead of referring the action of the metal to the nervous system, as in other cases of paralysis, he ascribes the phenomena to a direct paralysis of the muscular fibres of the alimentary canal, some of which, he asserts, are paralyzed, but not all.

"There is thus an impediment to the complete peristaltic action of the canal, and a remora in the passage of the feces. Accumulation, therefore, takes place, which by its stimulus produces spasms in those muscular fibres, which are not completely paralyzed, also in some of the fibres, which are in some degree paralyzed, and likewise in the muscles which form the parieties of the abdomen."—p. 237,

The author's opinions on dropsy appear to be chiefly based on the experiments of Magendie on venous absorption. He is a believer, with that physiologist, in the exclusive agency of the veins in the function,—a view, which we consider to be untenable. We do not, indeed, see how all the phenomena of absorption can be explained, without invoking the action of the lymphatics also. Dr. Carbutt's remarks on the pathology of hydropic affections are not at all more profound than those on other morbid conditions. In treating of the dark stools, that occurred in a case of "passive dropsy," as they often do in other maladies, he unhesitatingly ascribes the color to the secretion from the liver; and suggests that the nature of the action of the liver, which causes the fæces to be black, is some morbid change, which produces a greater secretion of the carbon of the blood than is natural,—a supposition founded altogether, we presume, on the fact that charcoal—*not carbon*—is black.

The following explanation of the mode in which "dropsy of the belly" may produce hydrops pericardii and hydrothorax almost equals Matthews's description of the action of a steam engine:—

"The belly being full of fluid, the diaphragm is pushed up, or not allowed to descend to its natural point; the heart, therefore, has not room to expand and

contract to its proper degree. The coronary vein cannot return the blood into the heart, with the usual freedom, and cannot, therefore, keep the pericardium empty. This forms, then, another and a greater obstacle to the return of blood to the heart; and the consequence is that the cavity of the pleura cannot be kept empty, and so we have hydrothorax."—p. 311.

Dr. Carbutt believes diabetes insipidus to be "always symptomatic of *gastro-enteritis*, or of *gastro-entero-colitis*." "Whether *diabetes mellitus* be not equally the result of gastro-enteritis, I cannot positively undertake to declare. I have not yet made a sufficient number of observations; but my belief certainly leans that way."—p. 319. He subsequently expresses his notion, that it is a chronic gastro-enteritis with hypertrophy of one or of both kidneys, although he offers, and could offer, no satisfactory reason for the belief. By numerous quotations from many eminent chemists, he shews, that "sugar, honey, manna, starch, and gum arabic are identical both in the quality and quantity of their component parts;" and he infers:—

"Now, as the great bulk of the vegetable food we take consists of starch or gum, or sugar, as you all know very well without my explaining it, and as starch and gum resemble sugar so closely, is it at all improbable, that from an imperfect or a deficient assimilation having taken place in the stomach, or, if you will, from no assimilation having taken place, that the gum and starch carried unchanged to the kidneys should there be by a morbid process converted into sugar?"—p. 328.

And again,—"I consider then that sugar is formed in the kidneys of patients laboring under diabetes mellitus; and that its formation depends upon some slight change produced upon the starch and gum, which are carried in an unassimilated state to the kidneys." All this, however, is gratuitous. Is it probable, that an excited state of the gastro-enteric mucous membrane, constituting gastro-enteritis—which generally prevents all absorption whatever—should give occasion, in this instance, to the absorption of unassimilated substances?

Besides, it might be said, that these substances should be discoverable in the blood—an objection, which Dr. Carbutt has anticipated, but instead of obviating it by stating the known difficulty, that exists in detecting any substance—even an inorganic substance, which we may *know* to be in the blood, provided it be mixed with the products of organization,—a difficulty, which has impressed every analytical chemist,—Dr. Carbutt invokes the clumsy doctrine of the existence of a royal road from the stomach to the kidneys, which is abandoned by most of the physiologists of the day. But, granting that all his arguments on this and other points, connected with the pathology of diabetes, were as strong as they are feeble, they would be overturned by the well-known fact, that the liquid egesta in diabetes often exceed the whole solid and liquid ingesta. A portion of the sugar is doubtless formed at the expense of the system; and all the phenomena lead to the inference, that it is a disease of the

system of nutrition; and, like all diseases seated in that system, extremely difficult of removal; inasmuch as it pervades the whole frame, and cannot be reached by any method of medication. It is like atrophy, when once firmly implanted in the organs of nutrition of every part of the body, generally irremediable. Were the sugar of diabetes—as the author wishes to establish—formed altogether from the vegetable ingesta, no satisfactory reason could be offered, why the system should suffer so much more from diabetes mellitus than from diabetes insipidus; and besides it might be presumed, that by putting the individual on an animal diet, the formation of sugar would be obviated. This last position the author admits; and yet he advises the very diet, which, in his view, gives rise to such formation. We have always thought, that much more has been said of the advantages of an animal diet than it merited. Equally good effects, it appears to us, have supervened on the use of a diet like that recommended by Dr. Carbutt. With the views, indeed, which we entertain of the seat of the mischief, *any* change of diet, and especially that effected by restricting, one, who has been omnivorous, to animal food or to vegetable food exclusively, may tend to modify, in some respects, the action of the organs of nutrition, and break in upon the morbid catenation. The cases detailed by Dr. Carbutt favor this deduction.

The treatment, which he recommends for diabetes, exhibits the oracular manner in which his therapeutical considerations and recommendations are propounded.

"Now, in the first place, if the patient's strength will admit of it, I would draw blood from the arm; I would apply leeches to the epigastrium; I would apply cupping glasses over the kidneys: "*I would order farinaceous and mucilaginous diet,* with *barley water, rice water,*" (Quere. What kind of diet does he consider the barley water and rice water to be?) "or milk and water to drink: I would give the patient the hydrargyum cum cretâ, and the pulvis ipecacuanhæ compositus, in large doses: I would place the patient in a *vapor* bath, a sulphur bath, or a *hot* bath, or *both* every day; I would order flannel to be worn next the skin: I would keep the patient *for the most part* in bed. If the bowels were costive, I would open them by means of castor oil. If diarrhea existed, I would apply leeches to the belly or to the anus, and give laudanum in chalk mixture."—p. 344.

As the author assigns no reason for his employing some of those agents, we cannot understand the principle of management, which he has adopted. On another occasion, he remarks, "I shall have to furnish you with the *rationale* of the treatment, so that if the patient die, I may still have the satisfaction of proving to you that he was treated according to a *rational* method:" yet too often he leaves us in the dark, and frequently an impression rests on the minds of his readers—as it must have done on those of his hearers—that his agents are directed *empirically,* and on no "rational" basis.

Some of his indications of treatment for gastro-enteritis are mere expressions of truisms. They are:—

"1. To overcome the inflammation!

"2. To allow the stomach and bowels to recover themselves; or in other words, to allow nature to recover the patient.

"3. To allow the healing of ulcers, if any such have formed in the stomach or intestines," p. 28: and in the fulfilment of these indications he says, "you may, if *you choose*, *make trial* of mercury"—"you may also try the astringent sulphates," &c. &c.—as if the whole were an affair of mere experiment.

In his comments, too, on a case of amenorrrhœa—a disease, which is of a relative character, and may be produced by very opposite states of the system generally, and of the uterus in particular—he expresses himself in such a manner as to lead to the conclusion, that certain remedies, recommended by him, are applicable to every case of the disease. After observing, that "digitalis is said to have a peculiar determination to the genital organs, both in the male and female; so much so in the latter as to be capable of producing abortion," and after making some other unimportant observations, he adds,—"Had she remained in the house, and the digitalis had entirely failed in bringing on the catamenial discharge, I should have administered the "pilula aloës cum myrrhâ," or the "pilula aloës cum ferro," or the "pilula ferri composita;" all of which undoubtedly possess very great efficacy in this respect, and may be confidently recommended to your employment; as, if there be such things as emmenagogues, these are certainly they."

We did not think, that a single "rational" practitioner of the present day believed, that these articles could induce an emmenagogue agency in *every* condition of the frame. They must obviously be esteemed indirect agents, and can only be adapted to conditions of the system, marked by asthenia, either of the whole frame, or of the uterine portion especially.

Dr. Carbutt regards mercury as "the most certain remedy for inflammation in almost all the textures of the body, but more especially in serous textures" (p. 157): and, again—"It is the particular excellence of calomel that it is adapted to either *passive* or *active* dropsy. In the first kind, it acts by its power over the liver. In the latter kind, it acts as a purgative, as a diurectic, as a diaphoretic; and more especially, by its power over the system, in removing inflammatory action, or any action or state bordering upon inflammatory," p. 288.

Such is a fair sample of Dr. Carbutt's views—physiological, pathological and therapeutical. We do not say, that every portion of his observations is equally exceptionable. The extracts we have given will have shewn, that there are grades of difference amongst them. The reader may,

however, look in vain for any marked relief—for an oasis in the desert before him. Not a sound novel idea strikes his attention, whilst admitted truths are conveyed in language so singularly infelicitous and imprecise, that the first impression usually felt is, that the whole must be erroneous. Could we have a better specimen of that kind of rhetoric, to which the name *twaddle* has, in common parlance, been affixed, than in his episode on the drunkard?

"Look at the poor, tremulous, nervous, headachy, spiritless, maudlin, red-eyed, purple-nosed, pimple-faced creature, with hardly energy enough to wash himself with cold water in the morning. His tongue is foul, his breath offensive, his hand trembling, and his walk languid. If he speak, his speech bewrayeth him; if he write, his writing discloses the secret. The habit has crept upon him with a slow and silent step,—*suspenso pede*,—with a most stealthy and *cat-like* pace. But, when it has overtaken its victim, when the meshes of its net are thrown around his shoulders, then are his struggles as vain as those of the fly in the spider's web."—p. 52.

But, after all, the most racy comments of Dr. Carbutt are appended to a case of feigned disease in a young unmarried female. They are too rich to be passed by without notice.

"The fact is, she confessed to the nurse privately, that she was pregnant, and that *she could not face the doctor;* she therefore walked off without waiting for my arrival. The particulars of the last day were taken early in the morning by the young gentleman who officiates as my clinical clerk. I must be allowed to state in *our defence*" (who laid any charge against them?) "*that this girl was not taken in either by me or by Mr. Lloyd, our able house-apothecary.*"—p. 225.

From the evidences, then, which we have adduced from the work itself, the charges, made at the commencement of this article—that the author is neither physiologist nor pathologist—have, we think, been fully sustained. We have not been desirous of acting the part of a Zoilus; and had not the author obtruded his opinions as if they were canonical, our attention might not have been so particularly directed to them. Having examined the book, however, and found it to fall so far short of its pretensions, we have considered it right, as honest and impartial critics, to express our sentiments fully and freely. We have no knowledge whatever of the author. From the dedication and notice, prefixed to his work, he appears to be one of the physicians to the Manchester Royal Infirmary; and these lectures would seem to be the first he has delivered; and to have been published "for the satisfaction" of a number of gentlemen, who were desirous of hearing them delivered, but were prevented from doing so by a regulation of the "weekly board." He may, therefore, improve; but we would advise him, in the mean time, to follow the example of Cid Hamet Benengeli, in *Don Quixote*, and promise repose to his pen.

R. D.

A Manual of Chemistry, containing a condensed view of the present state of the Science, with copious references to more extensive Treatises, original papers, &c. By Lewis C. Beck, M. D. Professor of Chemistry and Botany in the University of the city of New York, &c. &c.

This is the second edition—revised and enlarged—of a very useful work, which has already met with gratifying evidences of public favor.

It purports to set forth in a concise and perspicuous manner the principal facts of the important science to which it is devoted, and at the same time to furnish the student with such references to other works, as may direct him in his researches into its more minute and practical parts. The basis of this manual is acknowledged to be Dr. Turner's "Elements"—a work which, either in its British or American form, no professed student of chemistry should be without;—but which, lopped of its redundant explanations, as in the present case, will probably be more acceptable to the *medical* student, for whom it is especially designed.

The arrangement of the subject is, in our opinion, better than that of Dr. Turner; being more methodical, and more likely to serve as a systematical *text-book*, both to the student and professor of the science: it is that originally adopted by Professor Brande.

Dr. Beck announces the improvements in the present edition to consist; "in the introduction of many interesting facts discovered within the last three years; the adoption of atomic numbers, founded on the experiments of Berzelius and Turner; and the employment of symbols to denote chemical substances and their compounds, &c."

Improvements of this character are a matter of course in every *later* work on any branch of science; still it is necessary to be greatly on our guard how we introduce many that are given out as such. For example;—although it be true of Dr. Prout's assertion, viz:—the atomic weights of bodies are multiples by a whole number of the atomic weight of hydrogen—that it is founded on a hypothetical assumption, it is so convenient, and withal confirmed by so many positive results, we cannot but feel loath to abandon it. The more so, that the new numbers only profess to be "for all ordinary purposes sufficiently near the truth." Now, we do not see why—unless 35, 42 be the *exact* atomic weight of chlorine—the old number 36, should not be considered as "sufficiently near the truth;" or why rather, faithful to the old hypothesis, the round-number 35 should not have been preferred. The necessity of introducing decimals in representing the equivalents of a whole host of chlorides, that without this change would have remained expressed by round numbers, would have been avoided; and above all,

that simplicity, so essential to inspire confidence in the student, and to remove even the appearance of difficulty and uncertainty, would have been maintained. Berzelius and Dr. Turner, certainly deserve great praise for their zeal and skill in performing the minute analyses of chemical compounds; and it seems to us that all the advantages of their late results would have been secured, by appending a table exhibiting the proposed corrections of Dr. Turner, and suffering the former generally received equivalents—excepting in a few cases which it would lead us too far to specify—to remain in the text.

The introduction of symbols is a real improvement. Those lecturers on chemistry who are in the habit of inscribing upon a black-board the composition of the different substances which they describe to a class, know the advantage of familiarizing students with the use of them.

To give an idea of the manner in which the chemical history of the different substances is given, we make the following extract—regretting at the same time, that want of space compels us to select one of the shortest, and, as such, least satisfactory, sections of the work.

Citric Acid.—Atom. Num. 58—*Symb.* 4O+2H+4C.

STATE AND PROPERTIES. This acid, discovered by Scheele, is found in very large quantity in the juice of the lime and lemon. It crystalizes, in large and transparent rhomboidal prisms, which are terminated by four plane surfaces, and undergo no change in the air; when concentrated it has a very sour and almost insupportable taste, and reddens litmus powerfully; is soluble in an equal weight of cold, and half its weight of boiling water; when exposed to heat it is decomposed, and besides the usual products, a peculiar acid sublimes, called *Pyrocitric Acid.* It is obtained from lemon juice, by a process very similar to that for obtaining tartaric acid.

This acid is sometimes used as a substitute for lemon juice, and when added to the carbonate of potassa or soda, forms an effervescing draught. It combines with various bases, and forms *Citrates,* but these are of little importance.

REFERENCES. *For a very full account of Citric Acid, see Parkes' Chem. Essays,* iii. 3. *Lassaigne, on Pyrocitric Acid, Ann. de Chim. et de Phys. or Repert. of Arts, 2d ser.* xlii. 251.

On the whole, then, we can have no hesitation to recommend Dr. Beck's Manual as a very good class-book: it is well arranged; well printed; and there are but very few errors either of commission or omission. There is, however, one correction neglected to be made in which we are personally interested (as the fact happens to be given on our authority,) and therefore take the liberty to supply it. Under the head of SODIUM, it is stated that this metal "inflames with cold water when in contact with charcoal, and the product is *water* and sodiuretted hydrogen." It is evident that the latter clause of the sentence should read,—"and the product is *soda* and sodiuretted hydrogen." J. T. D.

COLLECTANEA.

Apis vero ratio media est; quæ materiam ex floribus agri et horti elicit, sed tamen eam propria facultate vertit et digerit.—Nov. Org.

1. *Douche to the hypogastrium in uterine hemorrhage.* By Dr. Trivigno.—In the case of a female who miscarried at the sixth month of pregnancy in consequence of a fall, and who was reduced to a most critical situation by uterine hemorrhage, Dr. Trivigno was induced to try a remedy which had been recommended to him by an old practitioner for the relief of strangulated hernia, having previously resorted in vain to the ordinary means advised for the arrest of uterine hemorrhage. The female was placed upon a table previously covered with a folded blanket, with her head supported by a pillow. The husband, standing upon a chair, was then directed to let a small stream of water of the ordinary temperature (it was summer) fall upon the utero-vesical region, for the space of six minutes. This done, the patient was placed in a convenient position in bed. From this time the hemorrhage abated, and the condition of the woman was so far improved, that a proper dietetic regimen, and a little cordial medicine, restored her to health in a few days. Dr. Trivigno remarks, that he has since that time constantly employed the same remedy under similar circumstances in preference to all others, and always with the same success. Care should be taken not to employ the douche at too low a temperature, and to regulate its duration by the strength of the patient.—*Il Filiatre Sebezio di Napoli. Mai.—Revue Medicale.*

2. *Monstrosity by inclusion.*—M. Andre de Peronne recently presented to the Academie Royale de Medecine, the report of the case of a boy, aged seven years, in one of the testicles of whom, a cyst, containing teeth, was found.

3. *Abstinence for the cure of Intermittent Fever.*—Dr. Medwedew, practising physician at Mariampol, affirms that absolute abstinence constitutes the best remedy for the cure of intermittent fever. He enjoins an absolute restriction of every thing in the way of diet, except simple water, for three days,—and seldom finds it necessary to resort to emetics or cathartics. All articles of food, however small in quantity, tend to retard the cure. After the third day, however, the individual may be allowed to return gradually to the use of diet. Dr. M. represents, that he has pursued this course for 25 years, in different parts of Russia, and has always found it highly successful in the treatment of every variety of intermittent fever.—*Otto's Bibliothek for Læger, No. 3.—Kiobenhavn*, 1834.

4. *Nux vomica in cardialgia.*—A young female, aged upwards of twenty years, had been for about four years past severely afflicted with cardialgia, and had employed a great variety of remedies without obtaining any relief. She had

been advised to use some bitter saline waters, which greatly exasperated her sufferings. Under these circumstances she applied to Dr. Schmidtmann. Her general habit manifested an unhealthy cachectic condition. Her tongue was clean, and her taste unimpaired; her appetite was also good, but every species of food occasioned excruciating pain of the stomach, which generally continued two or three hours, then gradually subsided, and was followed by a perfect intermission, until it was again renewed by taking food. During the continuance of her sufferings, the stomach and whole epigastric region were so much distended as to oblige her to loosen all her clothes. The menstrual and alvine evacuations were natural; but her strength was much prostrated. A bland diet and an appropriate regimen were instituted, and she was directed to take two grains of nux vomica in powder, with a little sugar, five times in the course of the twenty-four hours. By this simple course she was completely relieved in the space of eight days, and for three years, during which time she was under the observation of Dr. Schmidtmann, she did not experience a recurrence of the Cardialgia.—*Schmidtmann, Summa Observat. Med. Tom.* 3, *Berol.* 1826.

---

5. *Enormous Hypertrophy of the heart, unattended with lesion of the orifices, or serous effusion—sudden death.*—By M. J. H. Labat.—An individual, aged sixty-three years, who had been for a long time affected with asthma, while on his way to Paris on board of a boat, became suddenly indisposed after dinner, and expired in a short time. An inquest was ordered by the Mayor of the commune, and Dr. Labat was called upon to examine the body. The individual had a strong complexion, and the skin presented the yellowish tinge which is frequently observed in those who have been for a length of time affected with diseases of the heart. The superficial vessels of the brain did not contain much blood, but the substance of that organ was considerably injected. The mucous membrane of the stomach was red and thickened, as it is in those who are addicted to the too free use of alcoholic potations. The mucous membrane of the trachea and bronchia was also red, and apparently thicker than natural. The lungs were perfectly healthy and crepitating, and did not contain much blood. The heart was enormously enlarged, (thrice its natural size,) and protruded the left lung upwards and backwards. Its form was also altered, and all its cavities contained a large quantity of black half-coagulated blood. Their walls, particularly those of the left ventricle, were hypertrophied, but no lesion could be discovered either at the orifice of the vessels or the auricles.

Dr. Labat thinks that one important feature in this case is, the absence of serous effusions, and the existence of cerebral injection with absence of constriction at the orifice of the aorta. He suggests, that in consequence of the co-existence of these conditions, it is probable the individual might, at a later period, have fallen a victim to apoplexy.—*Journal Hebdomadaire, Juillet,* 1834.

---

6. Dr. Pitschaft remarks, that he is acquainted with a young man, who has the pupils of his eyes very unequally dilated. That of the right eye is preternaturally dilated, while that of the left is very much contracted. The faculty of vision is equally strong in both, and at all distances.—*Hufeland's Journal für Praktisch Heilkunde.*

7. *Tubercles of the uterus and placenta.*—In the body of a female who died of phthisis in the seventh month of pregnancy, small crude tubercles were found upon the surface of the uterus, beneath the peritoneum; and what is infinitely more rare and remarkable, there were eight or ten whitish colored tubercles, from the size of a pea to that of a nut, upon the uterine face of the placenta. The fœtal face of the same organ presented several miliary tubercles, which were situated beneath the amnion. None of the organs of the fœtus were affected with this degeneration.—*Revue Medicale. Juliet*, 1834.

---

8. *Ascites, with obliteration of the hepatic vena porta.*—In an individual affected with ascites, who died of peritonitis excited by paracentisis, the hepatic vena porta was found completely obliterated by a considerable fibrinous mass. Many parts of the inferior vena cava presented minute osseous concretions, of a fine lamelated or micaceous appearance, slightly elevating its internal membrane. The spleen was enlarged.—*Ib. Août.* 1834.

---

9. *Inflammation of the Symphises of the Pelvis.* By Dr. Hayn.—A female of small stature, and lymphatico-plethoric temperament, aged 29, had been several times delivered without difficulty. During her last pregnancy, she experienced pain in the left hypochondrium, which subsided spontaneously, after continuing some time. At the full time she had an easy delivery of three viable children, weighing respectively 5½, 5½ and 4½ pounds. She continued to do well until the third day, when she was seized with acute pain in the regions of the principal articulations of the pubis, more especicially in the right sacro-iliac symphisis. The skin was hot, and the soft parts tumefied even to the vicinity of the umbilicus. The pulse was full and hard, and the dejections from the bowels frequent and liquid. Blood-letting both general and local, local baths, emollient cataplasms and mercurial inunctions were employed without success. The system of the patient, worn down by pain, and by the increase of family, could not be made to re-act. The lochia immediately became yellowish, and exhaled a cadaverous odor; the pulse became frequent, and on the eighth day crepetation and mobility was discovered in the right sacro-iliac symphisis. Twice before this a tumor formed on the dorsum of the right hand, which on being opened, discharged one ounce and a half of purulent matter mingled with serosity. She finally died, on the eleventh day. On examination of the body, the uterus was found less contracted than is usual at the period after delivery; and its internal surface was covered with dirty brown deposite. Its structure, however, was healthy. The bladder was enormously distended with urine, and ascended to the umbilicus, doubtless in consequence of the inflammation having extended to the neck of the bladder, from the symphisis pubis. The sacrum was moveable between the ossa innominata, and collections of pus existed in the three articulations of of the pelvis, especially in the two sacro-iliac symphises. The intestines were healthy, but distented with gas; and all the other organs were in their natural condition.

The same author reports, that he had seen three other cases of the same nature, which terminated successfully. In all of them the delivery was easy, and he attributes the occurrence of the disease, rather to some peculiarity of constitution, than to the efforts of parturition.—*Medicinische Zeitung, and Journ. des Connais. Medico-Chirurgicales, Dec.* 1834.

10. *Radical cure of Varicocele.* By Dr. Fricke.—After pointing out the danger and disadvantages attending the method proposed by Professor Wurzer, as well as that recommended by M. Breschet, which was described in a preceding number of this Journal, Dr. Fricke furnishes the following description of a method which he adopted, and thinks infinitely more advantageous.—"I took a common sewing needle of the proper size, and embracing a part of the scrotum with the left hand, so as to seize between my fingers one of the dilated veins, I transfixed with the needle, the scrotum and the vein, and brought out the instrument on the opposite side, also through the integuments and the coats of the vein. I then cut the ligature of sufficient length to tie, so as to include the subjacent portion of the skin, which, when the scrotum is left to itself measured about three fingers breadth in extent. I repeated the same operation with great facility upon two other varicose veins, and so little pain was occasioned that the patient remained seated opposite to me during the whole process. No bandage was employed, and the testicles were merely supported in a horizontal position by means of a small pad. Some tumefaction, redness and tenderness of the testicle supervened on the next day, when the thread was withdrawn. The tumefaction subsided gradually, and by the twenty-first day, the three veins were obliterated and converted into solid indolent chords. The same operation was successfully practised by Dr. Grossheim in another case.—*Medicinische Zeitung*, 1832, *and Journ. des Connaissances, Medico-Chirurgicales, Dec.* 1834.

---

11. *Treatment of gangrenous emphysema.*—In the *Gazette Medicale, for September*, 1834, there are some observations by M. Lisfranc on this subject. It has long been the practice with the best surgeons, to amputate in cases of traumatic gangrene, although the mortification may be progressive. M. Lisfranc even suggests in such cases, to amputate through parts which have already become emphysematous, although the tissues may be brown, devoid of contractility and incapable of throwing out a drop of blood. He remarks, that these structures will become reanimated after the operation;—that they will resume their sensibility, assume a red color, and pour out red blood. When emphysema manifests itself along the course of the vessels, where its presence is declared by a reddish colored painful stripe, crepetating on pressure, he proposes incisions to extricate the putrid gases, or compression to prevent their progression upwards. The case of a man is reported by him, whose arm was amputated, and the flap was seized with gangrene. The gas proceeding from this source ascended into the axilla. M. Lisfranc made a crucial incision in the gangrenous eschar, cut away the flaps and drew the bistoury freely over the subjacent parts. He then dressed the stump with powdered cinchona, and chloride of soda, of the strength of 3°. The eschar was not renewed, the emphysema disappeared, and the only bad consequence that followed, was the formation of an abscess in the axilla, which was opened and healed kindly.—*Ib.*

---

12. *On Ioduret and Hydriodate of Iron.* By Dr. A. T. Thomson.—"In reflecting upon the solubility of the Ioduret of Iron; and the striking difference, in this respect, between that compound and its components; and, knowing the value of these separately, as medicinal agents, I inferred that the

curative influence of both might be greatly enhanced by the facility which the compound affords of introducing them into the system, in the state of combination. Another consideration which led me to suspect that this combination of Iron and Iodine would prove a useful medicinal agent, was my knowledge of the powerful influence of Iron as a tonic, when administered in the state of a Protoxide; and I was aware that it exists in this state in the Hydriodate, into which the Ioduret changes when it is dissolved in water. I supposed that, if this active oxide thus combined with Hydriodic acid were taken into the circulation, a circumstance extremely probable, the Hydriodate, meeting with an alkali, would suffer decomposition, and thus the two compounds would be enabled to exert their separate influence on the system, in a form and under circumstances the best fitted to render them efficient.

"Now, there is much reason for supposing that the Hydriodate is decomposed in the system, and that the Protoxide of Iron, and the Alkaline Hydriodate which result, exert their separate influence on the nervous and the vascular organs; the former operating as a tonic on the vital solid, and the latter as a powerful stimulant to the capillary system. Or, if we take another view of the subject, keeping in recollection the striking influence of Chlorine on the solution of the Hydriodate out of the body, and knowing, also, that this agent is evolved in the course of the circulation, it is possible that the Protoxide of Iron, which is set free by the decomposition of the Hydriodate in the system, may be converted into the Proto-muriate of Iron, whilst the Iodine is evolved in a free state; and thus the same tonic and stimulant influence would be as powerfully exerted as in the former case. If either of these theories of the manner in which the Hydriodate operates be admitted as correct, the class of diseases in which it is likely to prove useful at once present themselves; namely, those in which the capillary system requires to be stimulated and the tone of the habit to be maintained, or to be brought up to the healthy standard:—Scrofulous affections, Tabes Mesenterica, Chlorosis, incipient Scirrhus, Rickets, Amenorrhœa, Bronchocele, Atonic Dyspepsia, and all conditions of direct debility."

We have a very humble opinion of the amount of our knowledge as to the *modus agendi* of medicines in the interior of the body. The chemistry of the living alembic is to us a *terra incognita;* and therefore the ingenious theory of our author is as good as any other. It is of more importance to know that Dr. Thomson has successfully employed this combination of iron and iodine in the various forms of scrofula, of which forms he has adduced cases in illustration.

"As the Hydriodate of Iron possesses both the stimulant properties of the Iodine, and the tonic powers of the Protoxide of Iron, the probability that it might produce all the beneficial, without the deleterious effects of iodine, was presumed; and I was, therefore, induced to order it in *scrofulous* affections. The results that have followed its administration have been such, that I have no hesitation in regarding it a most valuable addition to the means which we already possess of treating the *chronic* forms of these diseases."

It is to be borne in mind, that the medicine in question is a stimulant; and that, when marks of irritation in the primæ viæ exist, care should be taken to clear the bowels, and remove, if possible, the causes of irritation, before exhibiting the remedy. The following form; we perceive, is that which our author generally employs:

℞. Ferri iodureti, gr. ij. ad. gr. iv.
Aquæ distillat. ℥xj.
Tinct. aurantii, ℥j.
Ft. haustus ter die sumendus.

Cases are adduced by our author, and by respectable correspondents, where the remedy was found useful in chlorosis, in carcinomatous diseases, in syphilitic cachexiæ, &c. for which we must refer to the pamphlet itself. As each of the ingredients, singly, is of known efficacy in many diseases, we consider it very probable that the combination will be found a valuable formula.

Medico-Chirurgical Review, Oct. 1834.

---

13. *Double Ganglia of some of the spinal nerves; and on a direct communication between the spheno-palatine and lenticular ganglia.* By Mr. Swann. It has been supposed that the anterior and posterior bundles of the spinal nerves serve for uniting or controlling different sets of muscles; but it is not a very rare occurrence for some of the ganglia of the lumbar and sacral nerves to be double; and in every example of this sort I have carefully examined, the anterior bundle has also divided equally to join the anterior point of each divided ganglion.

In one subject I traced a very distinct nerve passing upwards from the spheno-palatine to the lenticular ganglion; but whether this be constant I cannot at present determine.—*London Med. Gaz., October* 1834.

---

14. *Treatment of Nasal Polypi—reported by* Mr. Copland Hutchinson. Mr. Joseph Dallaway, a divisional surgeon of the Coast Blockade, states that in seventeen cases of common nasal polypi, he has succeeded in curing them all without forceps, or any other mode of treatment than a solution of the sulphas zinci in water, in the proportion of from ℈ij, to ℥j. of the former, in ℥j. of the latter. This lotion, he states, is to be introduced up the nostril by means of lint, which has been well moistened with it, and the lint spread over the surface of the tumor, so far up as can conveniently be effected, by means of a probe or director. This lint must be kept moistened by dropping-in the solution of zinc four or five times in the day, and then by removing it night and morning, to be replaced with a fresh piece of such moistened lint. Mr. Dallaway states that his seventeen cases were all cured of the disease within a fortnight, by this simple remedy. He does not state, however, that any of the cases enumerated were of a malignant nature, but merely the common soft species of polypus, as I understand him.

Mr. Dallaway first adopted this practice in polypus, he says, so far back as 1797; and aptly remarks, that it *may* be equally successful in certain cases of polypus uteri. I must say, that upon the receipt of this paper, I tried the remedy in my own practice at the Westminster General Dispensary, and in three cases of the soft common polypus I succeeded, within ten days, in removing the disease; and I understand from my colleague, Mr. Thomas Chevalier, that he was equally successful with one or two others.—*Ib. Nov.* 1834.

---

15. *Exudation of salt from the skin.* By C. J. B. Aldis, M.A. M.B.—Henry Fox, æt. 55, was admitted under one of the physicians of St. George's

Hospital on November 9th, 1833, complaining that he was attacked, November 3rd, with dyspnœa, having been previously in good health, though occasionally subject to palpitation of the heart. This was followed by swelling of the abdomen and scrotum; much pain in the chest; cough, without expectoration. Can lie low in his bed, but only on the back. Was sixteen years ago attacked in the same manner. Pulse 88; tongue whitish; bowels regular; urine very scanty, not a pint having been passed for six days.

November 26th.—Is reported to have perspired very profusely last night. A white powder upon both temples.

27th.—The white powder over a more extended surface.

28th.—Deposit of white powder, as yesterday. The white, apparently saline, deposit very abundant on the face, in points and circular spots. I took some of the saline matter to Dr. Prout, who was kind enough to analyze it, and found the great bulk to consist of common salt.

Swediaur has seen an inveterate case (of gout), in which the patient, laboring under a paroxysm of several months' duration, had the entire surface of the body covered every morning with a white powder, as though he had been dusted with flour. Dr. Mason Good conjectured that it was urate of soda thrown off by the skin.—*Ib.*

---

16. *Stercoral fistula extending through the sacrum.*—M. Ricord presented to the Academy of Medicine a very curious pathological specimen. It was taken from an individual, who for nearly thirty years, had passed his fæces in part by the anus, and in part through a fistulous opening which traversed the sacrum.—*Revue Medicale, Sept.* 1834.

---

17. *Fungus tumor of the periosteum.*—M. Roux presented a humerus, the upper extremity of which was enormously enlarged by the development of a lardacious fungous tumor, which apparently had its origin from the periosteum. The external laminæ of the bone likewise were degenerated, but the medullary canal, and the inner surface of the cylinder of the bone, were scarcely altered. The weight of the tumor, divested of the surrounding structures, was fifteen pounds. M. Roux had removed the member by amputation at the shoulder joint. The scapula was healthy, but the articulation was nevertheless affected with incipient anchylosis, which increased the difficulties of the operation, an hour being consumed in accomplishing it. The patient only survived four hours.—*Ib.*

---

18. *Injection of a clot in the heart.*—M. Vernais recently reported to the Anatomical Society of Paris, that while injecting a subject for anatomical purposes, he succeeded in injecting a clot contained in the centre of the heart. [*Lancet.*

---

19. *Luxation of the femur upwards and backwards, without laceration of the round ligament.*—A case of this kind was recently presented to the Anatomical Society by M. Sedillot. The ligament was elongated, but no rupture existed.—*Ib.*

---

20. *Phlegmasia Cœrulea Dolens.* By Dr. Stokes.—A middle aged woman was attacked, about three weeks after delivery, with symptoms of an intense

peritonitis, for the removal of which the most active measures were necessary. These were succeeded by a state of extreme prostration, and after a few days, intense and universal bronchitis set in; so severe as for a considerable time to leave scarcely a hope for the recovery of the patient. It became necessary after the first few days of this attack, to have recourse to the free use of stimulants, consisting of wine, the decoction of senega with carbonate of ammonia, and the employment of blisters to the chest. The chest affection gradually subsided, and the patient appeared convalescent, when she was suddenly attacked during the night with violent pain in the left leg and thigh: and on the next morning the affected extremity presented all the appearance of acute general phlegmasia dolens, with the exception of the color. The limb from the groin downwards, was universally and equally enlarged. It was hot, elastic, exquisitely sensible, and deprived of motion. There was little or no swelling of the glands of the groin, nor was there any apparently cordy state of the saphena; but the remarkable circumstance was the color of the limb, which was a deep purple hue, in some places almost black, and presenting more or less of a mottled appearance. This coloration was universal, and presented a most extraordinary contrast with the rest of the body.

The patient was treated by leeching, and the free exhibition of calomel and opium, the strength being supported by nutritious broths. The discoloration of the limb disappeared in the course of a few days, and her recovery was rapid and complete.

It was remarked in this case, that during the first days of the inflammation, no pulsation could be felt in the femoral artery at the groin. But this returned with the subsidence of the swelling.—*Dublin Journal, Nov.* 1834.

---

21. *Case of Catalepsy.* By Dr. J. R. McComb, New York.—On the 27th of July, 1831, I was called in haste to visit a little girl, about seven years old, residing in the family of Mr. Vreeland, in Chamber street. They informed me that she had been playing and romping about the room when she suddenly fell; previous to this she was perfectly well and healthy. On my entrance into the room, she was lying on her back, with her eyes fixed towards some apparent object. I spoke to her, but received no answer. The family also informed me that they had endeavored to arrest her attention, but could not; her breathing appeared perfectly natural. I raised her hand and arm from the floor, for the purpose of examining her pulse, (which was about 90, and rather hard,) after which I attempted to let it down, or lower it gently, when, to my astonishment, I found that it remained in the position to which I had raised it. I now ascertained the nature of the disease, and tried the experiment with the other arm; then inclined the head on her breast, raised her legs, making her whole person nearly a circle, and allowed her to remain in that situation for nearly ten minutes, until the family begged me to desist; I drew down one eyelid, while the other remained open; in fact, place her limbs in any position, there it would remain until altered. After I had gone through with these experiments, I bled her to 10 ℥, ordered warm bath and stimulating injections, and returned in about one hour with my friend, Dr. R. K. Hoffman. We found but very little change in her symptoms. Dr. H. tried the same experiments, and we then retired to another room. Whilst there, and while the family

were administering an injection, she suddenly recovered. The bowels had been in a very costive state, and I administered calomel, grs. x. and pulv. rhei. grs. x. It is now three years since the above case, and I am happy to say, that there has not been any return of the complaint.—*United States Med. and Sur. Journal. Dec.* 1834.

---

22. *Symphyseotomy.* By Professor Petruni.—M. Verderosa, twenty-four years of age, rachitic, and of a diminutive stature, wishing to marry, was conducted by her parents to M. Galbiati, in order to ascertain whether the size of the pelvis permitted her to run the chance of becoming a mother without risk. She was accordingly examined, and the measure of a line extending from the mons veneris to the superior spine of the sacrum gave five inches and a quarter; the surgeon therefore advised her not to marry, but his recommendations were neglected, and the woman soon became pregnant. After a period of nine months, she commenced, on the 31st of May, to feel the first labour pains, at six o'clock in the evening, and at two the following day the membranes were ruptured; the pains now relaxed a little, as is usual, and then returned, but the neck of the uterus did not dilate, and the head of the child was stopped at the inlet of the pelvis, which was too narrow to permit its descent. The midwife now called up M. Galbiati, who sent for me.

Our first care was to endeavor, by every possible means, to determine the several diameters of the pelvis, which were found to be as contracted as before marriage. It now remained to decide on our conduct. Should we wait a little longer, although the waters had come away for ten hours, the pains were violent and the head was arrested at the superior orifice? But what chance was there of the case terminating successfully, with a child at full term, and a sacro-pubic diameter of two inches and a quarter? Hence, regarding the time which had elapsed, and the excessive smallness of the pelvis, we decided upon an operation. But as to the choice of the peculiar operation which was applicable, the cæsarean had always caused the death of the mother when practised amongst us, whereas symphyseotomy presented many chances of saving both mother and child. Besides, in the case before us, symphyseotomy was capable of increasing the antero-posterior diameter by one inch and a half to two inches and a quarter, and would therefore give us a superior diameter of three inches and three quarters, which is sufficient for a natural labour. I therefore performed the operation, and in a few minutes, although the symphysis was somewhat deviated; but I took for my guide the softness of the fibro-cartillage. The completion of the section was announced by a loud sound, which clearly indicated the degree of distension in which the inlet of the pelvis was placed. The labour was now abandoned to the force of nature, as we had agreed upon; the thighs were merely supported, and it required a separation at the symphysis pubis of two inches, before the head began to descend into the superior aperture. The interval was greater towards the right side than to the left, whence the passage was there more free. The head acted as a wedge, dilating the pelvis, and forced on by the uterus. After some pains, determined by a single dose of the secale cornutum, we perceived the head of the child descend into the pelvis, presenting its occiput completely engaged in the interval of the symphysis. At the end of an hour, the labour terminated in the first position, and a child was born in a state of asphyxia, from which it was soon recovered;

the child has continued to do well; the head appeared elongated, and had therefore undergone some reduction, but not more considerable than in a natural labour when it is protracted. Its circumference was thirteen inches, its greater diameter five, and the biparietal diameter, measured the next day, gave three inches and some lines. The incision made through the pelvis and soft parts gave discharge to a very small quantity of blood; the lochia appeared as usual, and a bandage with buckles was fixed round the patient's pelvis. With common dressing the wound was completely cicatrized in thirty-five days.—*Il Filaitre-Sebezio.—Lancet. Oct.* 1834.

---

23. *Action of rarified or condensed Air on the surface of the Body.*—M. Junod has read a memoir to the Institute of France on the effects of the condensation and rarefaction of the air on the whole body or on individual members. The apparatus he uses is a spherical brass receiver, three metres, three decimetres in diameter, the sides of which are maintained within by iron rings supporting a bench on which the subject of the experiment is seated. Light is let into the apparatus by two glass plates in the sides. The upper part has an opening which may be hermetically closed by means of a spherical plug, or spherical leather cup. This cover has three appendages, intended to contain a thermometer, a barometer, or manometer, and the third a cock for the renewal of the air. The condensation and rarefaction of the air is effected by a pump communicating with the interior of the sphere by a tube.

If the atmospheric pressure is augmented by one half, the phenomena observed are:—

1st. Sensation of pressure on the tympanum which is driven inwards: this gradually disappears as the equilibrium is re-established.

2nd. Easier play of the respiration, deep and less frequent inspiration: in a quarter of an hour agreeable warmth of the chest, as if the pulmonary areolæ, hitherto incapable of respiration, dilated to receive the air.

3rd. Pulse somewhat frequent, full, and not easily compressed: the superficial veins flaccid and even completely obliterated, so that the blood seems to return to the heart by the deep seated veins.

4th. Functions of the brain more active, the imagination vivid, &c.; in some a sensation of drunkenness.

5th. This increase of inervation affects the muscular system, the movements of which are easier and more precise.

6th. Digestive functions more active: no thirst.

7th. Salivary, venal and glandular secretion in general more copious.

When the atmospheric pressure is diminished by one quarter, the inverse of the above are observed; that is, distension of the tympanum, producing a sensation resembling pressure, which is also dissipated by the renewal of the equilibrium; impeded respiration, short and frequent inspirations, often dyspnœa, pulse full, compressible, frequent; turgescence of the superficial vessels of the eyelids and the lips; frequently hæmorrage with tendency to syncope, disagreeable heat of the skin, the functions of which are increased in activity; enfeebled inervation and muscular power, diminution of the glandular secretion.

Pressure on one member increased by one half is effected by a peculiar instrument and produces these effects. The skin becomes pale, the superficial

veins become flaccid, the limb is diminished in volume, the circulation is suspended over a varied space. After the operation the limb is sensibly lighter, the movements easier and more precise. Other phenomena occur according to the limb operated upon. Thus, if one of the legs be acted on, vertigo, tinnitus of the ears, sparks of the eyes, difficult respiration, &c., supervene.

Pressure diminished by one-ninth on one or more limbs gives these symptoms. The skin is distended and colored, the limb increased in volume in a very few minutes, the temperature of the surface reaches that of the deep-seated parts; copious transpiration forming a vapor which condenses on the sides of the apparatus. After the operation a slight numbness of the limb is felt.

When pressure is diminished on one or several limbs the following general phenomena are seen. The head is light, the face pale, the pulsation of the facial branch of the frontal artery becomes slower, thready, and is sometimes lost: there is then tendency to syncope. The respiration is easier, the digestive functions lose their activity; nausea sometimes comes on; towards the end of the operation the transpiration, which had been confined to those parts within the instrument, becomes general.—*London Medical and Surgical Journal, Nov.* 1834.

---

24. *Matter of Miasms.*—M. Bossengault has endeavored to shew that it is possible to detect miasms in the atmosphere, and that the existence of an hydrogenated principle in that fluid may be proved. After going over the preceding inquiries made into the subject of miasms, by Moscati, Rigaud Delille, &c. M. B. proceeds to relate his own, from which it appears that the quantity of hydrogen obtained is in exact proportion to the insalubrity of the air. Nay, more, he believes hydrogen to be component of the atmosphere, from the circumstance of his having obtained a small quantity of water by passing very dry air, and having no organic in it, through a red-hot tube. In conclusion of his memoir, he observes—"M. de Saussure found by his experiments the presence of a combustible gas having a carbonaceous base in the atmosphere. I, too, have shewn that the air contains a very small proportion of an hydrogenous principle. Combining these results, it appears to me natural to conclude that the atmosphere, probably contains a small proportion of carburetted hydrogen.—*Revue Medicale, Sept.* 1834.—*Ib.*

---

25. *Mastic for stuffing carious Teeth.*—M. Henri has found a cement, which was presented to him, to be composed of

Mastic - - - -	81.4
Sulphuric ether - - - -	11.6

It is obtained by placing the mastic in cold ether, which soon dissolves it; it is then decanted and kept in a stoppered bottle. To use it, a small piece of cotton, according to the size of the tooth, is made to imbibe a portion; after cleaning and drying the tooth, the cotton is introduced, and is said to be very effectual in stopping it and preventing any aching.—*Ib.*

---

26. *Albuminous Urine in Dropsy.*—I cannot subscribe to the opinion so warmly advocated by men of distinguished talent, both in London and Edinburgh, that an albuminous state of the urine in dropsy depends upon a struc-

tural change in the kidneys. I have met with so many cases in which the *albumen entirely disappeared* under proper treatment, that the conclusion seems inevitable, that such a state of the urine may be, and is frequently produced by mere functional derangement of the secreting organ, and not by such a change of structure as is described by Dr. Bright and others. The word functional is used here as distinguished from permanent and evident alteration of structure. It is satisfactory to find that my opinion has the support of both Dr. Elliotson and Dr. Mackintosh. The following is one of several cases which I have treated successfully in a manner not generally practised by others. That great master of pathology and practice, John P. Frank, long ago threw out the hint that some cases of dropsy may be analogous to diabetes. An attentive observation of the different forms under which dropsy presents itself, led me to the following conclusions. When dropsy comes on gradually, is chronic, and unattended by any evidence of being caused by inflammation either of the chest or belly, and where we cannot detect the existence of organic disease either in the thoracic or abdominal cavity, then there is some reason to suspect that the dropsy may be analogous to diabetes. If, in addition to these characters, the urine is found either more copious, or as copious as natural, and especially if it is found to be albuminous, then our suspicions are strengthened, and we are justified in trying the peculiar method of treatment which this variety of dropsy demands, and which consists not in bleeding or leeching, not in purging or exhibiting diuretics, not in mercurializing the system, but in the use of opium and animal food in moderate quantity. Of the success of this treatment in such cases, (but in such only,) we have had several striking instances in the Meath Hospital, among the rest the following:

Arthur Noble, a policeman, was admitted on the 16th of May, affected with considerable anasarca of face; trunk and extremities. His disease was of many weeks' standing, and although at its first origin it appeared to have been induced by cold, and to have had an inflammatory character, yet, at the date of his admission, every symptom of inflammation and of fever had disappeared, if we except some tenderness of epigastrium, probably owing more to flatulent distention than to gastritis. Appetite bad, thirst great, urine loaded to an extreme degree with albumen, *skin moist*, constipated, he has some cough and expectoration, depending on slight bronchitis, together with a certain degree of dyspnœa, which may be owing to slight pulmonary œdema. It is to be remarked, that this man's health had been broken for a year and a half, consequently long before the appearance of the dropsical symptoms. Having acted briskly on the bowels on the first day, we gave a powder consisting of one drachm of supertartrate of potash, and one scruple of bark three times daily. This had an excellent effect on the kidneys, increasing the urine, but not in proportion diminishing the quantity of albumen. His skin continued to be moist, and he improved in appearance and strength; but it was observed that he scarcely ever slept more than one hour at night, while the dropsical swellings that had at first rather diminished, became stationary. The latter circumstance, combined with his watchfulness, the complete absence of fever, his great thirst, albuminous urine, and the absence of organic disease, together with the moist state of the skin, determined me to use opium, which was administered at first in the form of enema, but after-

wards in that of a pill, containing one grain and a half of opium. Under this plan of treatment his sleep and thirst rapidly returned, his urine diminished in quantity, and became every day less albuminous, he rapidly gained strength and flesh, and finally the thirst and swellings disappeared. He left the hospital on the 17th of June, *his urine having for many days been perfectly free from albumen.—Dublin Journal, Sept.* 1834.

---

27. *Passage of the Biliary Calculus from the Gall-bladder into the small Intestines by a fistulous communication.*—Marie, seventy-five years of age, an inmate of the Salpétrière, on account of her great age, enjoyed a perfect state of health, being only subject to habitual costiveness. On the 11th of January, 1834, after a meal she was seized with vomiting, which persisted during the night and for several subsequent days.

On the 14th of January, the date of her admission into the infirmary, her symptoms were as follows:—frequent vomiting of alimentary matters, then of bilious fluid, no headache, very little thirst, acute pains of the epigastrium and right side, slight abdominal tension, constipation. On examination of the colic region some hard stercoral masses were felt. (Cataplasm—lavemens.)

The 15th—copious vomiting of green matter, free from odor, countenance shrunk, eyes sunk, tongue dry, red at the point, abdomen less sensible to pressure, compact rather than tense, skin hot, pulse thready. Cataplasm—oily emulsion.)

The 16th—vomiting, still bilious, without smell; alvine evacuations; acute abdominal pains, pulse scarcely felt, extremities cold, something like a round body which may obstruct the stercoral matters is felt through the abdominal parietes, on the right side.

She died on the 17th.

Dissection.—Dilated stomach descending as low as the hypogastrium; the duodenum in its natural position, being retained there by adhesions with the gall-bladder and liver. The intestinal tunics are sound, but the upper portion of the small intestines is considerably dilated through several feet of extent; the lower portion is diminished in diameter. In the upper part of the small intestine there is an oblong, very hard tumor, as large as a pigeon's egg, which must have prevented progress of the fœcal matters. The tumor was caused by the presence of a biliary calculus. There are solid adhesions between the gall-bladder and duodenum, and an extensive loss of substance bounded by these adhesions allowed a communication between the two cavities. This perforation did not appear to be of long standing. The large intestines contained very hard fæces.—*Arch. General.—London Medical and Surgical Journal.*

VARIETIES.

OBITUARY.

It becomes our melancholy duty to record the death of one of the most distinguished members of the profession of our city. Dr. WILLIAM DONALDSON is no more. In his death science has been deprived of a zealous and able votary; humanity of an untiring advocate, and society of one of its best and most virtuous members. DR. DONALDSON was known by all, and by all beloved; and we pronounce his best eulogy in giving place to the following resolutions, which are the expression of those most competent to appreciate his merits, and who now, in common with his family, and society at large, deplore his loss.

At a special meeting of the Medico-Chirurgical Society of Baltimore, and of the members of the Medical Faculty generally, held on Friday the 16th of January, 1835, in the Lecture room of the Athenæum, Dr. Samuel Baker in the chair, and Dr. Thomas, Secretary,

The object of the meeting having been stated by the chair, the following resolution offered by Dr. G. S. Gibson was unanimously adopted.

Resolved, That a committee of seven be appointed to prepare resolutions expressive of the feelings of this meeting on the occasion of the lamented decease of the late Dr. William Donaldson.

The committee appointed by the chair, consisting of Drs. Gibson, McDowell, Wright, Dunglison, Briscoe, Fonerden and Robinson, after a short absence, returned with the following resolutions, which on motion, were unanimously adopted.

Resolved, That this meeting, deeply impressed with the exalted character of the late Dr. William Donaldson, who to the most unwearied industry and perseverance in the pursuit of the profession to which he devoted himself, added active benevolence, unshaken integrity, and the strictest professional courtesy—do sincerely deplore the loss which they in common with the citizens of Baltimore have sustained by his decease.

Resolved, That this meeting, desirous of paying a just tribute of respect to the memory of their departed brother, and in the performance of a sacred duty to themselves and their profession, do publicly express their profound admiration for the signal virtues of the deceased, which so qualified him for the important duties of his arduous and responsible avocation.

Resolved, Therefore, under the feelings expressed in the above resolutions, that the members of this meeting do wear crape for thirty days.

On motion of Dr. Maxwell McDowell, it was—

Resolved, That a committee of five be appointed to prepare an obituary notice of our late estimable friend, to be recorded in the Archives of this Society.

The chair appointed Drs. McDowell, Bond, Alexander, Steuart and Gibson.

On motion of Dr. A. C. Robinson—

Resolved, That a committee of three be appointed to deliver a copy of the resolutions adopted by this meeting, to the family of the late Dr. Donaldson.

Drs. Robinson, J. B. McDowell, and Gibson, compose that committee.

On motion of Dr. Briscoe—

Resolved, That the proceedings of this meeting, signed by the President and Secretary, be published in all the papers of this city, and in the North American Archives of Medical and Surgical Science.

SAM'L BAKER, Pres't.

RICHARD H. THOMAS, Sec'ry.

DISTRICT MEDICAL SOCIETIES.

Some time since we received a letter from our esteemed friend and correspondent, M. Laborde, M.D. of Edgefield, South Carolina, informing us that the medical gentlemen of that district had formed an association for mutual improvement, and the promotion of the usefulness and dignity of the profession. We have before adverted to the importance of such associations, where their objects are pursued with energy and zeal, and in evidence of what they are capable of accomplishing, we need only appeal to the valuable papers and documents which emanate every year from the District Medical Societies of the state of New York, some of which have been noticed in the pages of this Journal. We hope ere long to see such associations existing in every district or county of the several states, and to behold them every where shedding their salutary influence, in improving the profession, promoting harmony amongst its members, and adding increased dignity to our art. The following extract of a subsequent letter received from our friend, induces us to hope that the effort made in Edgefield, will be productive of very important results.

"I mentioned to you in a former letter, that there was good reason to hope that a spirit of medical inquiry was abroad among the physicians of this district, which would probably lead to an expulsion of quackery from the land, and the establishment of more correct and legitimate principles. I told you of the organization of a district medical society among us, which so far as I learn, was the first medical society that has been formed in the upper districts. We have had no meeting since I wrote to you, but this I hope was not owing to any abatement of zeal in the members, but to the fact that the contemplated meeting would have taken place in the sickliest part of the year, when many physicians would have been prevented by professional engagements from attending it. Upon the whole, I doubt not that there is a higher tone of medical character among us than usual. We read more, think more, and are coming to the conclusion, that no physician can discharge his obligations to his profession and the public, without leaving his profession better than he found it."

ERRATA.—Pages from 343 to 362, have been numbered erroneously, 306 to 322.

EDITORIAL NOTICES.

Dr. Robertson's communication has been received, and shall appear in our next. We regret much that Dr. Chew's paper has been mislaid. This accident has prevented it from appearing in our present number.

Messrs. Carey, Lea & Blanchard have just published "A Treatise on the Influence of Atmosphere and Locality; Change of Air and Climate; Seasons; Food; Clothing; Bathing; Exercise; Sleep; Corporeal and Intellectual Pursuits, &c. &c. on Human Health; constituting Elements of Hygiène; by Robley Dunglison, M.D. Professor of Materia Medica; Therapeutics, Medical Jurisprudence and Hygiène in the University of Maryland." We have received a copy of this valuable work, and propose to give some account of its contents in our next number. In the mean time, we feel it our duty to recommend it, to both the professional and general reader.

Books and Periodicals received within the month.

Handbuch der speciellen Therapie von Friedrich Nasse; Geheimen Medicinalrath und director der Medicinische Klinik zu Bonn 1 & 2 Bande, Leipzig, 1830-32.

Das System der Medicine in umrisse dargestellt und vorzuglich Seinen Zuhören gewidmet, von Dr. Friedrich August Benj. Puchelt, Grossherz Bad. Hofrath: Professor der Medicin und Director der Medicinische Klinik an der Universitat zu Heidelberg, Bde. 1—4. Heid. 1826, 1832.

Handbuch der Medicinischen Klinik von Dr. Moritz Ernst Adolph Naumann, ordentlich, Prof. der Med. an der Konig. Preuss. Friederich Wilhelms—Universitat zu Bonn. Bande 1—4. Berlin 1829—1834.

Handbuch der Praktischen Arzneiwissenschaft, oder der Speziellen Therapie: nach den Vorlesungen des Herrn Dr. C. A. W. Berends, weiland Konig, Preuss. Geheimen medizinal-Rathes, Prof. und direct. des Med. Klinik. Institutes der Universitat zu Berlin, &c. bearbeitet und mit erganzungen & supplementen herausgegeben von Dr. Karl. Sundelin, Bande 1—9. Berlin 1827—1829.

Die Entzundung und verschwärung der Schleimhaut des verdaungskanales &c. dargestellt von Ferdinand Lesser Doctor und Regementsarzt &c. mit 1 schwarzen und 5 ausgemalten Kupfertafeln. Berlin 1830.

A Manual of Chemistry, containing a condensed view of the present state of the Science, with copious references to more extensive Treatises, original papers, &c. By Lewis C. Beck, M.D. Professor of Chemistry and Botany in the University of the city of New York, &c. &c. *From Prof. J. B. Beck, M.D. of New York.*

Ueber den Leichenbefund bei der Orientalischen Cholera von Dr. P. Phœbus, Privatdoscentem an der Fried. Wilh. Universitat &c. Berlin 1830.

Bibliothek for Læger. Redigeret of dens Medlem C. Otto, M.D. Professor ved Kiobenhavns Universitat, Nos. 2 and 3. 1834. (*In exchange.*)

Revue Médicale Fraçaise et Etrangère; Journal des Progrès de la Médecine Hippocratique, for Sept. 1834. (*In exchange.*)

Journal Hebdomadaire des progrès des Sciences et Institutions Medicales, Nos. 39, 40, 41 and 42, for Oct. 1834. (*In exchange.*)

Journal de la Medécine Homœopathique, Nos. 10, 20. (*In exchange.*)

Journal des Connaissances Medico-Chirurgicales,for December, 1834. (*In exchange.*)

The Boston Medical and Surgical Journal, Nos. 21, 22, 23 and 24, for January, 1835. (*In exchange.*)

The Boston Medical Magazine, Nos. 11 and 12, for January, 1835. (*In exchange.*)

The United States Medical and Surgical Journal, No. 5, for December, 1834, (*In exchange.*)

The Transylvania Journal of Medicine and the Associate Sciences, No. 4, vol. vii. for Oct. Nov. and Dec. 1835. (*In exchange.*)

The Western Medical Gazette, No. 8, for Dec. 1835. (*In exchange.*)

An Address introductory to a course of Lectures delivered in Clinton Hall, New York, Nov. 8th, 1834. By Gunning S. Bedford, M.D. Lecturer on Obstetric Medicine, and the diseases of Women and Children, in the City of New York. (*From the author.*)

The Principles of Diagnosis. By Marshall Hall, M. D. F. R. S. &c. Second edition, entirely re-written. New York. Appleton & Co. 1834.